MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01530 4X

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 1 Day	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 113 N. Port Street ✓

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle) J.	(Last) ANGLER	4. DATE OF DEATH	(Month) Feb. 24, (Day) (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 5-6-75	9. AGE last birthday 74 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Soldier	10b. KIND OF BUSINESS OR INDUSTRY Soldier	11. BIRTHPLACE (State or foreign country) Switzerland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Irvin Angler		14. MOTHER'S MAIDEN NAME Sophie Carlen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If year, give war or dates of service) Retired	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Respiratory Failure	12 Hrs.
Antecedent cause(s)	(b) Myocardial Failure	4 Days
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Arteriosclerotic Cardiovascular Disease	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Paralysis Agitans	

443d

93d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 2-23-, 1950, to 2-24-, 1950, ~~that I last saw the deceased alive on ..., 19..., and that~~ death occurred at 9:35 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D.	Chief Pro. Services VAH, Ft. Howard, Md.		2-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/27/50	NAME OF CEMETERY OR CREMATORY Baltimore National	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. February 25th 1950	REGISTRAR'S SIGNATURE R.W. H.W. Hedrick	24. FUNERAL DIRECTOR Howard Blight ~~Funeral~~ Home, Balto., Md.	ADDRESS

60896 Mildred T. Blight 6009 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

01231

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 511 S. 47th. St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk.
STREET ADDRESS (If rural, give location) 511 S. 47th. St.

3. NAME OF DECEASED (Type or Print) (First) Katherine (Middle) L. (Last) Asten

4. DATE OF DEATH (Month) 2 (Day) 28 (Year) 1950

5. SEX Female. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 8. DATE OF BIRTH March 25 1879 9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home. 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Baltimore 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Linthicum 14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Robert J Asten

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio Vascular Disease 5 yrs.

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. G. Davis MD (Degree or title) Dep. Med Exam. ADDRESS Dundalk - 22 Balto Md DATE SIGNED 2/28/50

23. BURIAL, CREMATION REMOVAL (Specify) 3 Removal DATE THEREOF 3/2/50 NAME OF CEMETERY OR CREMATORY Woodlawn LOCATION (City, town, or county) New York City (State)

DATE REC'D BY LOCAL REG. 3/1/50 REGISTRAR'S SIGNATURE H. W. Hedrick Dm 24. FUNERAL DIRECTOR John G Connelly. ADDRESS Essex 21, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61232

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carleton (Rural) — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Carmel Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carleton (Rural)
STREET ADDRESS (If rural, give location) Mt. Carmel Rd.

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) Clarke (Last) Bailey

4. DATE OF DEATH: (Month) Feb. (Day) 15 (Year) 1950

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Oct. 29, 1877

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Bailey

14. MOTHER'S MAIDEN NAME: Emma Jane Haile

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. A. Clarke Bailey, Carleton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19, 19~~48~~, to 2/15, 1950, that I last saw the deceased alive on 2/15, 1950, and that death occurred at 6 40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

A. M. Franz M.D. — Carleton, Md. — 2/16/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Feb. 17, 1950 | NAME OF CEMETERY OR CREMATORY Mt. Carmel | LOCATION (City, town, or county) (State) Mt. Carmel, Balto Co. Md

DATE REC'D BY LOCAL REG. Feb. 18, 1950 | REGISTRAR'S SIGNATURE Mrs Howard J. Markline

24. FUNERAL DIRECTOR | ADDRESS: Landon M. Bowles, Sparks, Md

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RECEIVED
FEB 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01233

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Shane
LENGTH OF STAY (in this place): 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Hanford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Madonna, Rural
STREET ADDRESS (If rural, give location): White Hall, Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARTHA JANE BAY
4. DATE OF DEATH (Month) (Day) (Year): Feb. 24 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Feb. 25 - 1876
9. AGE last birthday: 73 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Shawsville, Hanford Co
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Franklin Anderson
14. MOTHER'S MAIDEN NAME: Rebecca Ann Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Walter A. Bay, White Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X Immediate cause (a) Cerebral Thrombosis — 1 week

93d Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1950, to 2/24, 1950, that I last saw the deceased alive on 2/24, 1950, and that death occurred at 8:20 m., from the causes and on the date stated above.

SIGNATURE: A. M. France (Degree or title) M.D. — ADDRESS: Parkton Md — DATE SIGNED: 2/25/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 27-50 — NAME OF CEMETERY OR CREMATORY: Bethel — LOCATION (City, town, or county): Madonna, Hanford Co. (State): Md

DATE REC'D BY LOCAL REG.: Feb 25-50 — REGISTRAR'S SIGNATURE: Mrs Howard S. Marklin — 24. FUNERAL DIRECTOR: Martin G. Kurtz, Jarrettville, Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01234

CERTIFICATE OF DEATH DC

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lochearn D-
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3715 Lochearn Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY ~~Balto.~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 5219 Wilton Hgts. Ave.

3. NAME OF DECEASED (Type or Print): (First) SOPHIE (Middle) H. (Last) BAYLISS

4. DATE OF DEATH: (Month) Feb. (Day) 21, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Oct. 4, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): New Kent Co., Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas J. Green

14. MOTHER'S MAIDEN NAME: Martha E. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): -
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: -

17. INFORMANT AND ADDRESS: Mr. Henry C. Bayliss 3715 Lochearn Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — 7 days

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardiovascular disease — ?

Arterio-sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 13, 1950, to Feb. 21, 1950, that I last saw the deceased alive on Feb. 21, 1950, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE Walter S Weber (Degree or title) ADDRESS 2220 Garrison Blvd DATE SIGNED Feb 23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2/24/50
NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.
LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 2/23/50
REGISTRAR'S SIGNATURE C W. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

01235

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco (Rural) LENGTH OF STAY (in this place) 60 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓	STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) E (Last) BENSON

4. DATE OF DEATH (Month) Feb (Day) 9 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	widowed	May 4-1867	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	✓	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William T. Markland	Mary E Cole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		✓	Chas E Benson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Obstructive Jaundice (Stone)	3 weeks
584X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 126	(b) Chronic Cholic Lithiasis	20 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan. 20, 1950, to Feb. 9, 1950, that I last saw the deceased alive on Feb. 8, 1950, and that death occurred at 4:30 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Maurice C. Partnfield	M.D	Hampstead	2/10/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 12-1950	Mt Carmel.	Balto Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-10-50	Mary B. Eline.	Edw Clipton,	Hampstead Md

XW99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 14 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01236

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Route 13 Box 367 Balto County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Balto County
LENGTH OF STAY (in this place) 29 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) — (Last) BIRSTEIN

4. DATE OF DEATH (Month) (Day) (Year) February 16, 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Mar? 1881

9. AGE last birthday 68 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Lithuanian

12. CITIZEN OF WHAT COUNTRY? no

13. FATHER'S NAME Joseph Sallod

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS John Birstein

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592 X Immediate cause (a) Chronic mitral regurgitation ?

Antecedent cause(s)

131 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Interstitial Nephritis ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1949, to Feb. 15, 1950, that I last saw the deceased alive on Feb. 15, 1950, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE J. B. Bronushas M.D. (Degree or title) J. Benedict Bronushas, M.D.

ADDRESS 3037 O'Donnell St.

DATE SIGNED 2-20-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Feb 21-1950

NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem

LOCATION (City, town, or county) Belair Rd Balto. (State) Md

DATE REC'D BY LOCAL REG. 2-20-50

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Joseph Kasinskas Inc

ADDRESS 602 Wash. Blvd

X UX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

D1237 38

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville, Md.
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baynesville, Md.
STREET ADDRESS (If rural give location) 1753 E. Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) M. (Last) BLAKLEY

4. DATE OF DEATH: (Month) Feb. (Day) 9th (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Nov. 12th, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months 2 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Eppig

14. MOTHER'S MAIDEN NAME: Elizabeth Henschel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Miss Lena Blakley 1753 E. Joppa Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart block —	4 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	several years.
	(c) Decompensation	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, uncontrolled several years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1949, to Feb 9, 1950, that I last saw the deceased alive on Feb 9, 1950, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. E. Gonzalez, M.D. 8304 Harford Road

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF: 2/13/50

NAME OF CEMETERY OR CREMATORY: Providence

LOCATION (City, town, or county) (State): Providence, Md.

DATE REC'D BY LOCAL REG.: Feb. 13, 1950

REGISTRAR'S SIGNATURE: A. H. Bedrick M.D.

24. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7401 Belair Rd.

260

4434 61

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01238

Reg. Dist. No. 30

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore Co. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 928 Old Frederick Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28
STREET ADDRESS (If rural, give location) 928 Old Frederick Rd

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) M. (Last) BLOOM

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 50 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 4 1861

9. AGE last birthday: 88 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Deerling

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Mary A. Merryman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Embolism	1/2 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac-Vascular Disease with	
420.1 93d	(c) Hypertension	12 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 19 28, to Feb. 16, 19 50, that I last saw the deceased alive on Feb. 16, 19 50, and that death occurred at 11:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo. S. Elston MD 805 3rd Ave Balto 28 Md Feb. 16, 1950

23. BURIAL, CREMATION / REMOVAL (Specify): Burial | DATE 2/20/50 | NAME OF CEMETERY OR CREMATORY: New Cathedral | LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REG. 2-20-50 | REGISTRAR'S SIGNATURE: V E Harris

24. FUNERAL DIRECTOR: Mac Nabb & Son ADDRESS

5208

RECEIVED
FEB 23 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01239

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rodgers Forge — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rodgers Forge
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 308 Regester Ave.,	STREET ADDRESS (If rural, give location): 308 Regester Ave.,

3. NAME OF DECEASED (Type or Print)	(First) Anna	(Middle) Theresa	(Last) Bohn	4. DATE OF DEATH	(Month) Feb. (Day) 22, (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: Dec.10,1874	9. AGE last birthday: 75 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millinery Business	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Baltimre, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: William Bohn		14. MOTHER'S MAIDEN NAME: Theresa Schwing			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Miss Minnie S.Bohn 308 Regester Ave.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

170 X Immediate cause (a) Inoperative of Carcinoma Right Carginoma Right — 2 years

Antecedent cause(s) Breast

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asthma & Metabolics — asthenia metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to ths death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 29, 1940, to Feb 22, 1950, that I last saw the deceased alive on Feb 22 1950 and that death occurred at 12:40 p.m., from the causes and on the date stated above.

SIGNATURE: J. W. Strauss (Degree or title) ADDRESS: 3136 Hartford Rd DATE SIGNED: Feb 24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2-25-1950	NAME OF CEMETERY OR CREMATORY: Holy Redeemer	LOCATION (City, town, or county): Baltimore,	(State) Md.
DATE REC'D BY LOCAL REG.: 2/23/50	REGISTRAR'S SIGNATURE: A. W. Hedrich	24. FUNERAL DIRECTOR: G.Howard Strong	ADDRESS: 3207 W.North Ave.,	

49606

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01240

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus | LENGTH OF STAY (in this place) 7 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5536 Fairfax

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 5536 Fairfax

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillie	Bell	Boyer	Feb	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	widow	Oct 12 1872	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	at home	Baltimore City	U.S.A.

13. FATHER'S NAME Frederick Weidner

14. MOTHER'S MAIDEN NAME Mary Newton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT David H. Boyer Jr, Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Liver	6 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Carcinomatosis	3 mo
	(c)	

156.1
467

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct 15/49	Cancer of Liver	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1949, to Feb 18, 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at 1:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

D B Brumbaugh 1609 main st Elkridge 2-21-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/22/50	Lorraine	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-20-50		WM. J. TICKNER & SONS	Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61241

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn (Rural); LENGTH OF STAY (in this place) 10 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8209 Rockdale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn (Rural); STREET ADDRESS (If rural, give location) 8209 Rockdale Ave.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Edward (Last) Brockett

4. DATE OF DEATH: (Month) February (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 5, 1949

9. AGE last birthday: ---- yrs. If under 1 year: Months 10 Days 20 If under 24 hrs.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md. city

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Warren Brockett

14. MOTHER'S MAIDEN NAME: Ruth Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Warren Brockett, 8209 Rockdale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho Pneumonia — Interval Between Onset and Death: 9 days

491X Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: no operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 19, 1950, to Feb 25, 1950, that I last saw the deceased alive on Feb 24, 1950, and that death occurred at 6.30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joshua H. Armacost M.D. ADDRESS: 6419 Windsor Mill Rd Baltimore-7 Md DATE SIGNED: Feb 26, 1950.

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: Feb. 27, 1950 NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery LOCATION (City, town, or county) (State): Randallstown

DATE REC'D BY LOCAL REG. 2/27/50 REGISTRAR'S SIGNATURE: H.W. Hedrick 24. FUNERAL DIRECTOR: Willis Amoreau ADDRESS: 4510 Liberty Heights Ave.

2-0-4-05-9-39-5-36 Dm

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01242

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 19 yrs. 7 mths. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2231 Henneman Street

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Broening (Breunig) (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 28, (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 1-8-1895

9. AGE last birthday: 55 yrs. — If under 1 year: Months 1, Days 20, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Joseph Broening (Breunig)

14. MOTHER'S MAIDEN NAME: Catherine Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ---

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Complete body burned

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 3rd degree

(c) accident

916.7

181

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Hospital
(CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) Feb (Day) 28 (Year) 1950 (Hour) 1 P m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? found burned lying in coal

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr. Mackie Dep Med Md Gen Balto 1010 Leadenhall 2-28-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3/3/50 — NAME OF CEMETERY OR CREMATORY Mt. Carmel — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 3/2/50 — REGISTRAR'S SIGNATURE D.W. Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St. Paul St.

DR2

X UX99

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01243

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
LENGTH OF STAY (in this place): 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Park Heights & Walnut Aves Owings Mills

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Owings Mills
STREET ADDRESS (If rural give location): Park Heights & Walnut Aves

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Elizabeth	Brown	Feb	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	W	Oct 22 1869	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Bruehl	Rebeccah Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Joseph M Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis - Chronic decompensation — 1 month

443X **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

93d (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causiog death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-2-50, to 2-10-50, that I last saw the deceased alive on 2-9-50, 19..., and that death occurred at 7:10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James L. Sadtler M.D. — ADDRESS: Reisterstown Md — DATE SIGNED: 2-11-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Feb 13 1950	Black Rock Cemetery	Butler	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-12-50	Mary B. Eline.	Wm Berryman & Sons	Reisterstown Md

RECEIVED
FEB 14 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11214

Reg. Diat. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Texas

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs 22 da

Hospital, Institution, or street address where death occurred:

Baltimore County Home

How long in hospital or institution? 2 yrs 22 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Texas

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Abraham Bryan

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col	—

6.(b) Name of husband or wife: Amelia Bryan

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): not known About 1864

8. AGE: Years	Months	Days	If less than one day
85-?	U.	U.	____ hrs. ____ min.

9. Birthplace: Washington D. C.

(Town, county, and state)

10. Usual occupation: Farm Laborer

11. Industry or business

FATHER — 12. Name: John Bryan

13. Birthplace: Washington D. C.

MOTHER — 14. Maiden name: Elizabeth Magruder

15. Birthplace: Washington D. C.

16. Informant: Baltimore County Home Register

Address: Texas Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 28 1950 (month) (day) (year)

Cemetery or crematory: Baltimore County Home Cem.

Location: Texas Md.

18. Funeral director: Landon Brooks

Address: Sparks Md.

19. 2/25 1950 (Date rec'd by registrar) Wm J. Chilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/25 1950 at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/3 1948 to 2/25 1950 and that I last saw h... alive on 2/24 1950

Immediate cause of death	DURATION
Carcinoma (Liver)	2 yrs
Due to	
Due to	
Other conditions: Arteriosclerosis — Ascites (Include pregnancy within 3 months of death)	2 mo.

156.1 46f

Major findings of operations: ____ Date of op. ____

Autopsy results: ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE: Wilmer C. Enos M.D. M. D. or other

Address: Cockeysville Md. Date signed 2/26/50

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 3 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B1245

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Larchmont; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2507 Cedar Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Larchmont; STREET ADDRESS (If rural, give location) 2507 Cedar Drive

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) EDITH (Last) BULL

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 19 50

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 24, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk

10b. KIND OF BUSINESS OR INDUSTRY: Stationary

11. BIRTHPLACE (State or foreign country): Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis M. Bull

14. MOTHER'S MAIDEN NAME: Clara V. Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Mabel C. Herche 2507 Cedar Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3 days

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio sclerotic Cardio vascular Disease — 5 years

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No Operation

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 31, 1939, to Feb. 24, 1950, that I last saw the deceased alive on Feb. 23, 1950, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joshua H. Armacost M.D. ADDRESS 6419 Windsor Mill Rd Baltimore-7 Md DATE SIGNED Feb 25 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE 2/27/50; NAME OF CEMETERY OR CREMATORY: Loudon Park; LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 2/27/50; REGISTRAR'S SIGNATURE R.O. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

Dm

216160

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01246

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Marsh

STREET ADDRESS (If rural, give location) Bird River Creek

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) EUGENE BURGESS

4. DATE OF DEATH (Month) (Day) (Year) 2/15/50 19

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S

8. DATE OF BIRTH 5/ / 1889

9. AGE last birthday 60 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boilermaker-Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Ellicott City, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles R. Burgess

14. MOTHER'S MAIDEN NAME Maggie R. Helm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Family - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

420.1

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Feb 15, 1950, that I last saw the deceased alive on Feb 15, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE G. M. Baumgardner (Degree or title) M.D. ADDRESS Balto 6 Md DATE SIGNED 2-17-50

23. BURIAL, CREMATION REMOVAL (Specify) B

DATE 2/18/50

NAME OF CEMETERY OR CREMATORY Holy Cross

LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 2/12/50

REGISTRAR'S SIGNATURE H. W. Hedrick Dm

24. FUNERAL DIRECTOR James L. McCauley ADDRESS - 130 E. Fort Ave.

304 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11247

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Reisterstown, Balto. Co.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria,
STREET ADDRESS (If rural, give location): 1219 King St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	MILTON	CHAMBLIN (djm)	Feb.	2,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Divorced	Jan. 22, 1912	38 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seaman		Arkansas	U.S.

13. FATHER'S NAME: William Mason Chamblin

14. MOTHER'S MAIDEN NAME: Willie Lee Naler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	578-20-8357	J. Howard Chamblin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound of neck with transsection of cervical spinal cord

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

984X
166

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	School	Franklin High School,	Reisterstown Rd.	

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
Feb. 2, 1950 1 p.m.			Firearms

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☒, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Russell S Fisher	M.D.	700 Fleet St., Balto. 2, Md.	Feb. 2, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 4, 1950	Washington National	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-2-50	Mary B. Eline.	A.O. Chambers Co.	3072 - M st NW Wash D.C.

6096

Injury by intervention of police, according to item in newspaper
2/9/50-DS.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01248

Reg. Dist. No. 44

1. PLACE OF DEATH- COUNTY: Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgemere
STREET ADDRESS (If rural, give location): 2109 Sparrows Point Rd.

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) L. (Last) CHELL

4. DATE OF DEATH: (Month) February (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-24-96

9. AGE last birthday: 53 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: P.&B.R. Railroad

11. BIRTHPLACE (State or foreign country): Edgemere, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Chell

14. MOTHER'S MAIDEN NAME: Marian Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Extensive Carcinoma of left lung with infarction and Metasteses to right kidney	Unk.
162X Antecedent cause(s)		
47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fibrious Peri-carditis	Unk.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 2-9, 1950, to 2-17, 1950, ~~that I last saw the deceased alive on 19~~ and that death occurred at 7:45 P.m., from the causes and on the date stated above.

SIGNATURE: C.B. Cope (Degree or title) ADDRESS: VAH, FT. HOWARD, MD. DATE SIGNED: 2-18-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Feb. 21, 1950

NAME OF CEMETERY OR ~~CREMATORY~~: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 2/20/50

REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Roland Fisher, Dundalk, Md.

ADDRESS

32247

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11249 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural give location) 1100 McAdoo

3. NAME OF DECEASED (Type or Print): (First) Naomi (Middle) P (Last) Cole
4. DATE OF DEATH (Month) Feb. (Day) 3, (Year) 1950 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH July 3 1873
9. AGE last birthday 76 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Carven
14. MOTHER'S MAIDEN NAME Mary Eaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT mrs. Naomi Hunt

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) MYOCARDIAL DEGENERATION... — Interval Between Onset and Death: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

932 (b) Senility

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION 0
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) 0 (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 15 49, to Feb, 1, 1950, that I last saw the deceased alive on Feb, 1, 1950, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L. Lloyd Johnson MD Catonsville, Md. Feb, 3, 1950.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/6/50
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REG. 2/6/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Ulman Funeral Home ADDRESS 2004 Orleans

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01250

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towblesborg
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson, Md
STREET ADDRESS (If rural give location) 19 W. Pennsylvania

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) J. (Last) Crilley

4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2/20/97
9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk
10b. KIND OF BUSINESS OR INDUSTRY Treasure, Balto Co.
11. BIRTHPLACE (State or foreign country) Baltimore County
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Crilley
14. MOTHER'S MAIDEN NAME Rose A. Cummings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) #1
16. SOCIAL SECURITY NO. 705-10-8814
17. INFORMANT John Waters Parrish, Bikesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	9 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C.V. Disease with Cardiac Decompensation	2 wks.

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14, 1950, to 2/24, 1950, that I last saw the deceased alive on 2/23, 1950, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE Martin E. Strobel (Degree or title) M.D. ADDRESS Reisterstown, Md. DATE SIGNED 2/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb 27-50
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) Long Green, Maryland (State)
DATE REC'D BY LOCAL REG. 2-26-50
REGISTRAR'S SIGNATURE Mary B. Eline
24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville Md

26698

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01251

Reg. Dist. No.

1. PLACE OF DEATH · COUNTY: Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hines Rd., near Joppa Rd.	STREET ADDRESS (If rural, give location): Hines Rd., near Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) HENRY (Middle) W. (Last) DARNALL (also Darnell)

4. DATE OF DEATH (Month) 2/21 (Day) (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 3, 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): huckster

10b. KIND OF BUSINESS OR INDUSTRY: own huckstering

11. BIRTHPLACE (State or foreign country): Prince George Co., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Louise W. Darnall Hines Rd., Glen Arm, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-pneumonia	4 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

491X

107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 1950, to 2/21, 1950, that I last saw the deceased alive on 2/20, 1950, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Harold A. Grott, M.D. — 8100 Harford Rd — 2/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/24/50 — NAME OF CEMETERY OR CREMATORY: Cathedral Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 2/23/50 — REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

27261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01252

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Baltimore — LENGTH OF STAY (in this place) Ten weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5910 Baltimore Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Baltimore City
STREET ADDRESS (If rural give location) 5910 Baltimore Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	GORE	DAVIS	Feb	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Widowed	Aug 24, 1860	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Own home	Maryland	U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT Lloyd Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Vagina with metastases	3 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

176 49c

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis & Senility — Uncertain

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
No Operation		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 31, 1949, to Feb. 14, 1950, that I last saw the deceased alive on Feb 14, 1950, and that death occurred at 10 45 P m., from the causes and on the date stated above.

SIGNATURE Joshua H. Annacost (Degree or title) M.D. ADDRESS 6419 Wyndson Mill Rd Baltimore 7 Md DATE SIGNED Feb 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/16/50	Bethel	Hyattsville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/16/50	A. W. Hedrick	Pullum & Son	1217 Druid Park Dr

VS. A15

2058 W

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01253

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 203 Woodvale Rd. River Cale Apt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ora (Middle) Minniesue (Last) Davis
4. DATE OF DEATH (Month) Feby (Day) 25 (Year) 1950
5. SEX Fem.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced.
8. DATE OF BIRTH July 22/1909
9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Canton, N.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm. Manuel Patton
14. MOTHER'S MAIDEN NAME Dinah May Stroop
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Wm. J. Patton (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
174X Immediate cause	(a) Carcinoma of Uterus.	Over 1 yr.
48b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General carcinomatosis	
	(c) Malnutrition.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Mar 4/1949
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Uterus, Inoperable.
20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. McCarmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Baltimore Co. Dundalk 22 Md. DATE SIGNED 2/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 2/26/50
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Canton, North Carolina
DATE REC'D BY LOCAL REG. 2/25/50
REGISTRAR'S SIGNATURE Henry Crisse
24. FUNERAL DIRECTOR Jim G. Connelly ADDRESS Essex

RECEIVED
APR 3 1950
BUREAU V. S.

2/

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01254

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 32 Bourquer Ave	STREET ADDRESS (If rural, give location) Box 32 Bourquer Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Catherine Eliz. Dietrich

4. DATE OF DEATH (Month) 2 (Day) 21 (Year) 1950

5. SEX F. | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Sept 10-1874 | 9. AGE last birthday 75 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: at Home | 11. BIRTHPLACE (State or foreign country): Centralia Penna. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Maloy | 14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mr. Lawrence Dietrich (Same as above)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myelophthisic anemia — 2 years

292.7 Antecedent cause(s)

73d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1948, to 2-21, 1950, that I last saw the deceased alive on 2-21, 1950 and that death occurred at 12:40 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. Lewis Kolodny M.D. | ADDRESS: 45 Edgewater Apts | DATE SIGNED: Baltimore, Md 2/21/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 2/24/50 | NAME OF CEMETERY OR CREMATORY: Sacred Heart Cem. | LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 2/23/50 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: John G Connelly | ADDRESS: 418 Eastern Ave Balto 21 Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01255

1. PLACE OF DEATH COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE North Carolina COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 8 days	CITY (If outside corporate limits, write RURAL aod give nearest town) OR TOWN Greensboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 354 Regan St.,

3. NAME OF DECEASED (Type or Print)	(First) HENRY	(Middle) P.	(Last) FERGUSON	4. DATE OF DEATH	(Month) 2	(Day) 14	(Year) 1950
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 4-26-09	9. AGE last birthday 40 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Augusta, Ga.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME John Elliott Ferguson	14. MOTHER'S MAIDEN NAME Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW II	16. SOCIAL SECURITY No. unknown	17. INFORMANT AND ADDRESS Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.3 Immediate cause (a) Acute Leukemia — 2 Months

Antecedent cause(s)

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 2-6-, 1950, to 2-14-, 1950, ~~that I last saw the deceased alive on ..., 19..., and that~~ death occurred at 9:15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.	Acting Manager	VAH, Ft. Howard, Md.	2-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE Feb. 16, 1950	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Greensboro N.C.
DATE REC'D BY LOCAL REG. 2/16/50	REGISTRAR'S SIGNATURE Bw. Hedrick DM	24. FUNERAL DIRECTOR Elliott Funeral Home,	ADDRESS Balto.,Md.

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01256

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Balti; MARYLAND; LENGTH OF STAY (in this place) 11 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1300 Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balti.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21 (Rural); STREET ADDRESS (If rural give location) 1300 Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Irene (Last) Fleming

4. DATE OF DEATH: (Month) Feb (Day) 21 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 24 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Quincy, Penna

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Gideon Burger

14. MOTHER'S MAIDEN NAME: Lavinia Manges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Daughter June Sheeley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Cerebral hemorrhage

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —; (CITY OR TOWN): —; (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —; INJURY OCCURRED Whilo at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec, 1949 to Feb 21, 1950, that I last saw the deceased alive on Feb 20, 1950, and that death occurred at 5:25 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles M Fenn MD. 815 Eastern Ave, Essex 21 Feb 50

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial; DATE: Feb. 24, 1950; NAME OF CEMETERY OR CREMATORY: Burns Hill; LOCATION (City, town, or county) (State): Waynesboro, Pa.

DATE REC'D BY LOCAL REG. 2/21/50; REGISTRAR'S SIGNATURE: Henry Crusoe

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons. ADDRESS: North & Pa. Aves. Balto. Md.

VS. A15

RECEIVED
APR 4 1950
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01257

BC Reg. Dist. No. 45

1. PLACE OF DEATH COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (In this place) 40 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison Ave. Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 13.
STREET ADDRESS (If rural, give location) 2005 Belair Rd.

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) A (Last) Foote

4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1950 19

5. SEX Fem.

6. COLOR OR RACE white.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Feby 22/1868

9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Wife

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Conrad Burkhardt

14. MOTHER'S MAIDEN NAME Mary Widmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Miss Elsie Foote -2005 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331X Immediate cause	(a) Cerebral Hemorrhage	10 hrs.
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE J. M. Carmine M.D. (Degree or title) Deputy Medical Examiner Balto. Co. Dundalk 22 Md. ADDRESS DATE SIGNED 2/20/50.

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF 2/23/50

NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 2/20/50

REGISTRAR'S SIGNATURE C. W. Hedrick

24. FUNERAL DIRECTOR HENRY SANDER & SONS ADDRESS BALTIMORE - 13, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01258 BC Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3503 W. Rogers Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELIZABETH	FRANCK	Feb.	11,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	Aug. 22, 1866	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife		Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Hahn	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	no	Mr. Lewis G. Franck 3503 W. Rogers Av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — 1 da.

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease — 15 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from May 4, 1949, to Feb 11, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 11.50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wilmer K. Gallagher M.D.	Catonsville 28, Md.	2-13-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/15/50	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-14-50		WM. J. TICKNER & SONS	Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01259

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspberg 6
LENGTH OF STAY (In this place) 18
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7829 Belair Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) Christine (Last) Frey.

4. DATE OF DEATH (Month) Feby (Day) 23 (Year) 50

5. SEX Female

6. COLOR OR RACE White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH About 1900

9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Howard Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank F. Kolpack

14. MOTHER'S MAIDEN NAME Barbara C. Renz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mr. Walter A. Kolpack, Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon monoxide Poisoning

972x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

163h (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Raspeburg. (COUNTY) P.O #6. (STATE) Md.

TIME OF INJURY (Month) 2 (Day) 23 (Year) 50 (Hour) 3 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Turned on gas

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. M. Carmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto. Co. Randalk 22 Md. DATE SIGNED 2/23/50

23. BURIAL, CREMATION REMOVAL (Specify) burial

DATE THEREOF Feb. 25, 1950

NAME OF CEMETERY OR CREMATORY Baltimore Cemetery

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. Feb. 24. 1950

REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider

24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01260

Reg. Dist. No. 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2532 Viaduct ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay
STREET ADDRESS (If rural, give location) 2532 Viaduct ave

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) Garland

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb 6 1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Race Tracks

11. BIRTHPLACE (State or foreign country): Tottenham England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Garland

14. MOTHER'S MAIDEN NAME: Amelia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-05-3824

17. INFORMANT: Mrs M. Lillian Garland (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X — Immediate cause (a) Carcinoma of Bladder — Interval between onset and death: 3 yrs

52b — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) & Removal Carcinomatosis Lung — 1 yr
(c) Myocardial Insuff — 2 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1948

19b. MAJOR FINDINGS OF OPERATION: Cancer of Bladder

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1948, to Feb 1 1950, that I last saw the deceased alive on Feb 1, 1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh — ADDRESS 3609 Main St. Elkridge — DATE SIGNED 2-1-50

23. BURIAL, CREMATION, REMOVAL (Specify): Final — DATE 2/4/50 — NAME OF CEMETERY OR CREMATORY: Lorraine — LOCATION (City, town, or county) (State): Hyattstown

DATE RECD BY LOCAL REG. 2/2/50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Tillman & Dorsey — ADDRESS: 12 N Paca St

26690

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01261

Reg. Dist. No. 4 4

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1022 Carrollton Ave. ✓

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) (Last) GARRETT

4. DATE OF DEATH: (Month) February (Day) 23, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-18-02

9. AGE last birthday: 47 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Sadie Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of right bronchus with direct extension to esophagus.	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Abscess formation right lower lobe.	Unknown
	(c)	

162 X
47 c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 2-21-, 1950, to 2-23-, 19.50, that I last saw the deceased alive on [illegible], and that death occurred at 7:50 A. m., from the causes and on the date stated above.

SIGNATURE: J. CARLTON GODLOVE, M.D. (Degree or title) ADDRESS: VA DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2 27 50 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 2-24-50 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Thos. E. Kelson — ADDRESS: 1303 Presstman St. Balto, Md

XVX99

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

T

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

not BC 01262

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) 2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 W. CHESAPEAKE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO
STREET ADDRESS (If rural, give location) 826 McCABE AVE

3. NAME OF DECEASED (Type or Print) (First) KATHERINE (Middle) L. (Last) GETTY
4. DATE OF DEATH (Month) 2 (Day) 18 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH SEPT. 5, 1866
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MD.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm LILLY
14. MOTHER'S MAIDEN NAME MARY DE SWAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT MRS. M. ROBINSON 826 McCABE AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
260 X Immediate cause	(a) Cardio Vascular Failure	—
61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Decompensated Heart	8 months
	(c) Diabetes; C-V-Renal disease	2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7, 1949, to 2/18, 1950, that I last saw the deceased alive on 2/17, 1950, and that death occurred at 2:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jos. A. Sedlack, M.D. Towson 4, Md.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 2-21-1950
NAME OF CEMETERY OR CREMATORY LOUDON PARK
LOCATION (City, town, or county) BALTO. (State) MD.

DATE REC'D BY LOCAL REG. 2/20/50
REGISTRAR'S SIGNATURE A. W. Hedrich
24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD.

200 W. Pa.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

STATE BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 42

BIRTH NO.

1. NAME OF DECEASED (Type or Print): MAY YEAKLE GILDEA

2. DATE OF DEATH: Feb. 22, 1950 01263

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 164 Oaklee Village
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY: Co.
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore 25-41
D. STREET ADDRESS (If rural, give location): 164 Oaklee Village

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 15, 1865
9. AGE (In years last birthday): 84 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Frederick, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James B. Yeakle
14. MOTHER'S MAIDEN NAME: Anna Bennett

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mr. John H. Gildea, Jr. ADDRESS: Apt 164 Oaklee Village

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

DUE TO

420.1 ANTECEDENT CAUSES

(B) Mitral Valvular Disease — 20 yr. (?)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

92b

(C) Chr. Cardio-Vascular Disease — 20 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 5, 1940, *to* Feb. 22, 1950 *that I last saw the deceased alive on* Feb. 11, 1950, *and that death occurred at* 1.05 P.m., *from the causes and on the date stated above.*

23A. SIGNATURE: Wilmer K. Gallager M.D. M. D.
23B. ADDRESS: 6207 Frederick Rd. Balto. 28
23C. DATE SIGNED: 2/23/50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 2/24/50
24C. NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
24D. LOCATION (City, town, or county) (State): Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: FEB 24 1950
REGISTRAR'S SIGNATURE: Dr. Geo. S. McKeffer
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01264

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Howardville | LENGTH OF STAY (In this place) 87 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Campfield Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Howardville.
STREET ADDRESS (If rural, give location) Campfield Road

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Gompf

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower | 8. DATE OF BIRTH: 6/24/1860 | 9. AGE last birthday: 89 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Peter Gompf
14. MOTHER'S MAIDEN NAME: Katherine Schott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT: George & Arthur Gompf. Pikesville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	3 days.
332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83	(b) Art. Sclerosis	4 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 9th, 1950, to Feb. 9th, 1950, that I last saw the deceased alive on Feb. 9th, 1950, and that death occurred at 4.50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Miller M.D. | ADDRESS Pikesville-8, Md | DATE SIGNED 2/10/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2/11/50 | NAME OF CEMETERY OR CREMATORY David Ridge | LOCATION (City, town, or county) (State) Pikesville, Md

DATE REC'D BY LOCAL REG. 2-11-50 | REGISTRAR'S SIGNATURE Dr E E Nichols | 24. FUNERAL DIRECTOR Paul H. Newell | ADDRESS Inc.

VS. A15

COPY

RECEIVED
FEB 13 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01265

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Baltimore

City or town Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month

Hospital, Institution, or street address where death occurred: 604 Meyers Avenue

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)

Street No. 2905 Walbrook Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Beulah Irene Gossom

3.(b) Social Security Number 220-09-2576

4. Sex ~~Male~~ Female

5. Color or race ~~White~~

6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Joseph Buford Gossom

6.(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 30 - 1884

8. AGE: Years 65 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Carroll Co - Md - (Town, county, and state)

10. Usual occupation at Home

11. Industry or business

FATHER 12. Name Thomas Bartholow

13. Birthplace —

MOTHER 14. Maiden name ?

15. Birthplace ?

16. Informant Joseph Buford Gossom

Address 2908 Walbrook Ave

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb 22 - 50 (month) (day) (year)

Cemetery or crematory Druid Ridge

Location Pikesville Md.

18. Funeral director Ellsworth Armacost

Address 5118 Harford Ave

19. 2/22 (Date rec'd by registrar) 19 50 a. w. Nedrich Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 19 - 19 50 at 6.30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 22 - 19 49, to Feb 19 19 50 and that I last saw her alive on Feb. 16 - 19 50

Immediate cause of death	DURATION
Right Hemiplegia	2 mos.
Due to Carcinoma of right breast,	18 mos.
Due to	
Other conditions	
170 / 50 (Include pregnancy within 3 months of death)	

Major findings of operations Carcinoma of right breast Date of op. Sept 23-48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Isaac E. Dickson. M. D. or other

Address 3055 W. North Ave Date signed Feb 21, 50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01266

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore | LENGTH OF STAY (in this place) 19 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt 20; Box 239. Baltimore 15

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Baltimore
STREET ADDRESS (If rural give location) Chesapeake Ave., Long Beach

3. NAME OF DECEASED (Type or Print): (First) John (Middle) [illegible] (Last) Graham
4. DATE OF DEATH: (Month) Feb. (Day) 7 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	July 26, 1889	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Aircraft
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Archibald Graham
14. MOTHER'S MAIDEN NAME: Deana Wagoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-18-6582
17. INFORMANT: Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of head of Pancreas	18 months.
157X 469 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Aug 1949	Carcinoma of head of Pancreas	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.): OF INJURY —
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Oct., 1949, to Feb 7, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles M. Kerr ADDRESS 815 Eastern Ave., Essex Baltimore 21 DATE SIGNED 7 Feb 1950.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 10, 1950	Schwartz Cemetery	01 Donnell St., Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2-9-50	L	Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS. A15

30832

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01267

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hebbville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hebbville
STREET ADDRESS (If rural, give location): Rolling Road

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) King (Last) Greninger

4. DATE OF DEATH: (Month) February (Day) 15, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 4, 1875

9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: H. N. Greninger

14. MOTHER'S MAIDEN NAME: Susan Graham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY No.: No

17. INFORMANT AND ADDRESS: Mrs. Frank K. Greninger, Rolling Rd., Hebbville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial - Acute Pneumonia	3 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	3 years
	(c)	

422.1
96

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1950, to Feb. 15, 1950, that I last saw the deceased alive on Feb. 14, 1950, and that death occurred at 2.25 A m., from the causes and on the date stated above.

SIGNATURE: A. C. Smuck (Degree or title) — ADDRESS: 4509 Liberty Heights Ave. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 18, 1950	Mt. Olive Cemetery	Randallstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/16/50	A. W. Hedrick DR	Wallis Amoroso	4510 Liberty Heights Ave.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01268

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pulaski Highway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh
STREET ADDRESS (If rural give location) Pulaski Highway

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) GEORGIA A. GRIMM

4. DATE OF DEATH (Month) (Day) (Year) Feb. 26th, 1950

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Feb. 1, 1939
9. AGE last birthday 11 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Co., Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Francis A. Grimm
14. MOTHER'S MAIDEN NAME Sarah Cougle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Francis A. Grimm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

343 X
107

Immediate cause (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Non-Suppurative encephalitis — 4 yrs

(c) following Pertussis -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcers

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jun 1, 1950, to Feb 26, 1950, that I last saw the deceased alive on Feb 26, 1950, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D Balto 6 Md 2-27-50

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Mar. 1, 1950
NAME OF CEMETERY OR CREMATORY Moreland Memorial
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. Feb 28, 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Lassahn Funeral Home
ADDRESS 7401 Belair Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01269

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 30, Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 6 Cromarty Road

3. NAME OF DECEASED (Type or Print) (First) Lelia (Middle) E. Gwinn (Last)

4. DATE OF DEATH (Month) Feb. (Day) 16, (Year) 1950

5. SEX F M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 9/1/1861

9. AGE last birthday 88 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles F. Bodinsich

14. MOTHER'S MAIDEN NAME Lucia (?) Bodinsich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS Mr. C.N.J. Gwinn, 6, Cromarty Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Bronchitis + Pulmonary Congestion — Interval Between Onset and Death: 2 days.

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular Lesions & Old age — several yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1950, to Feb. 17, 1950, that I last saw the deceased alive on Feb. 16, 1950, and that death occurred at 2 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

M Bowman Hood 2200 Garrison Blvd — Feb. 17. 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE 2/18/50 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. 2/17/50 — REGISTRAR'S SIGNATURE A.W. Hedrick — 24. FUNERAL DIRECTOR ADDRESS John T. Stansbury 2700 Edmondson Av.

DR

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01270

CERTIFICATE OF DEATH

Reg. Dist. No.....

FILM No. G 12 FEB 20 1950

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin, Md. | LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin, Md.
STREET ADDRESS (If rural give location) Sunshine Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNIE	S.	HAMMETT	Feb.	9th,	19 50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Oct. 31st, 1891	58 yrs.	3	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Stansbury
14. MOTHER'S MAIDEN NAME: Annie Harley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Dr. Walter M. Hammett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute heart failure and vascular collapse	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral tumor, malignant (2/15/50 akc)	3 years
	(c)	

193 X
548

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1946	Cerebral neoplasm	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 7, 1950, to Feb. 9, 1950, that I last saw the deceased alive on Feb 9, 1950, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John F. Nogueira MD		Kingsville, Md.	Feb. 9/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	2/13/50	Druid Ridge	Baltimore County Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 13, 1950	A. H. Hedrich MD.	Lassahn Funeral Home	7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01271

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Della — LENGTH OF STAY (in this place) 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Della Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Della
STREET ADDRESS (If rural give location) Della Avenue

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) EDWARD (Last) HARDEN

4. DATE OF DEATH: (Month) February (Day) 14 (Year) 1950

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower — 8. DATE OF BIRTH: 6/19/1889 — 9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Weaver — 10b. KIND OF BUSINESS OR INDUSTRY: Woolen Mill — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph L. Harden — 14. MOTHER'S MAIDEN NAME: Mary Ellen Smithson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 213-09-6164
17. INFORMANT: Miss Loretta Harden

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Failure — 3 days

260X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61

(b) Hypertension. Arteriosclosis. Diabetes Mellitus — 4 years

(c) Arteriosclerotic Cardio-Vasc. Disease — 4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 4 years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 Dec, 19 49, to 14 Feb, 19 50, that I last saw the deceased alive on 14 Feb, 19 50, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE: William F. Janaway — (Degree or title) — ADDRESS: Ellicott City, Md. — DATE SIGNED: 2/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2/17/50 — NAME OF CEMETERY OR CREMATORY: St. Johns Cem — LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG. 2/16/50 — REGISTRAR'S SIGNATURE: V E Harris — 24. FUNERAL DIRECTOR — ADDRESS: Easton Sons Ellicott City, Md.

49644

RECEIVED
FEB 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01272

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard; LENGTH OF STAY (in this place) 25 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn (25); STREET ADDRESS (If rural, give location) 1330 Pontiac Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	THOMAS	J.	HARRINGTON	February	17,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widower	10-17-1891	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad	Railroad	Lacy City, Pa.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick W. Harrington	Amanda Ryden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW-I	705-09-6712	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure	Approx. 2 Yrs.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive and Arteriosclerotic Heart Disease	2 Yrs.
	(c)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Glomerulonephritis	Indefinite

420.0

131.6

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1-23-, 1950., to 2-17-, 1950, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 7:50 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D. Chief Pro. Ser.	VAH, FT. HOWARD, MD.	2-18-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/21/50	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
2/20/50	C. W. Hedrick	Howard Blight Funeral Home, Balto.,Md.

D 7964 Mildred T. Blight 6009 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01273

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (In this place) 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gwynbrook Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Gwynbrook Ave.

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) Baublitz (Last) Harris

4. DATE OF DEATH (Month) (Day) (Year) Feb. 28, 1950 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 22, 1863
9. AGE last birthday 86 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None - Labor
10b. KIND OF BUSINESS OR INDUSTRY None Building fences
11. BIRTHPLACE (State or foreign country) Balto. Co.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Harris
14. MOTHER'S MAIDEN NAME Katherine Baublitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None.
17. INFORMANT John Harris, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Myocarditis - decompensatory

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-50, 19 30, to 3-1-1950, that I last saw the deceased alive on 2/27/50, 19 50, and that death occurred at 12 30 p.m., from the causes and on the date stated above.

SIGNATURE James G. Saffell (Degree or title) M.D. ADDRESS Reisterstown DATE SIGNED 3/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF March 3, 1950
NAME OF CEMETERY OR CREMATORY Black Rock
LOCATION (City, town, or county) (State) Baltimore Co, Md.

DATE REC'D BY LOCAL REG. 3-1-50
REGISTRAR'S SIGNATURE Mary B. Eline
24. FUNERAL DIRECTOR J.F. Eline & Sons, Reisterstown, Md. ADDRESS

988 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01274

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6850 Belclare Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural give location) 6850 Belclare Rd

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) (Last) HARTMANN

4. DATE OF DEATH (Month) Feb. (Day) 5 (Year) 1950

5. SEX Fem
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 23-1894
9. AGE last birthday 55 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rudolph Cohn
14. MOTHER'S MAIDEN NAME Marie Riecken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Hans Hartmann (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
192X Immediate cause	(a) Melanosarcoma of finer	6 mos.
Antecedent cause(s)		
55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Melanosarcoma of Right Eye	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to Feb 5, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 6.40 p.m., from the causes and on the date stated above.

SIGNATURE F. K. Adams (Degree or title) M.D. ADDRESS 1222 N. Caroline St. Balto. Md. DATE SIGNED 2-5-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Feb 7/50
NAME OF CEMETERY OR CREMATORY Har Sinai
LOCATION (City, town, or county) Erdman ave (State)

DATE REC'D BY LOCAL REG. 2/6/50
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Sol Levinson & Bros
ADDRESS 1124 W North ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01275

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 56 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp. Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1031 Beechfield Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E. (Last) HATFIELD

4. DATE OF DEATH: (Month) February (Day) 22 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Nove27 1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seafood business

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Hatfield

14. MOTHER'S MAIDEN NAME: Cora Conway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin. Rec. Adm. Hosp. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241 X

Immediate cause (a): Respiratory embarrassment — Interval Between Onset and Death: 2 weeks

Antecedent cause(s)

112

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Emphysema

(c): Asthma — 30 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from 12-28-49, 19....., to 2-22....., 19 50, that I last saw the deceased alive on XXXXXXXXXXXXXXXX, 19 XXXXXX, and that death occurred at 8 a.m., from the causes and on the date stated above.

SIGNATURE: A. E. Pugh. — (Degree or title): A. E. PUGH, M.D. — ADDRESS: VAH Ft. Howard, Md. — DATE SIGNED: 2-22-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 25, 1950 — NAME OF CEMETERY OR CREMATORY: Mount Olivet — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D. BY LOCAL REG.: 2/23/50 — REGISTRAR'S SIGNATURE: A. W. Hedgcock

24. FUNERAL DIRECTOR: WM. COOK — ADDRESS: Preston & St. Paul Sts.

122X1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01276

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1 yr. 5 mths. 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore City
STREET ADDRESS (If rural, give location): 5813 Benton Heights Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) EFFIE (Middle) B. (Last) HAWTHORNE

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 28, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months. 2 Days 5 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Montgomery, Alabama

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Warren D. Brown

14. MOTHER'S MAIDEN NAME: Elizabeth Cranshaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Terminal Broncho-pneumonia	2 days
Antecedent cause(s)		
131 b Diseases or conditions, if any, giving rise to the above cause statiog the underlying cause last	(b) Cardio-vascular renal disease	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death hut not related to the disease or coodition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 5, 1948, to Feb. 2, 1950, that I last saw the deceased alive on Feb. 2, 1950, and that death occurred at 4:05 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS Isadore Tuerk, M.D. Spring Grove Hospital, Catonsville 28, Md. DATE SIGNED 2/2/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/4/50 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG. 2-2-50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Wm. Cook, Inc., — ADDRESS: 1217 St. Paul Street

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01277

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 84 Winters Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural give location) 84 Winters Lane

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) F. (Last) Hayes

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Jan. 12, 1899

9. AGE last birthday: 51 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John S. Hayes

14. MOTHER'S MAIDEN NAME: Ella M. Matthews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr. Charles W. Hayes 84 Winters La.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Phthisis Pulmonalis — Interval Between Onset and Death: ?

002 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17-, 1949, to 2-6-, 1950 that I last saw the deceased alive on 2-6-, 1950, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. L. Maloney	M.D.	57 Winters Lane - Balto-28 Md	2/7/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-9-50	Western Star Cem.	Catonsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/8/50	A. W. Hedrick	(Mrs) Frances A. Hemsley	578 W. Biddle St.

720 71

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01278

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus — LENGTH OF STAY (In this place): 7 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Arbutus
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1408 Sulphur Spring Road	STREET ADDRESS (If rural give location): 1408 Sulphur Spring Road.

3. NAME OF DECEASED (Type or Print)	(First) James	(Middle) Thomas	(Last) Henderson.	4. DATE OF DEATH	(Month) Feb (Day) 15 (Year) 1950
5. SEX: Male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: April 29, 1866	9. AGE last birthday: 83 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerical	10b. KIND OF BUSINESS OR INDUSTRY: Railroad	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME: Gaither Henderson	14. MOTHER'S MAIDEN NAME: Alberta Burgess.				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no	16. SOCIAL SECURITY NO.: no	17. INFORMANT: wife — Mrs. Henderson			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
420.1	Immediate cause	(a) Coronary occlusion	2 years
94a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	years
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: none	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): none	(CITY OR TOWN) none (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ none	HOW DID INJURY OCCUR? none	

22. I hereby certify that I attended the deceased from Jan 1, 1947, to 15 Feb, 1950 that I last saw the deceased alive on 14 Feb, 1950, and that death occurred at 930 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Goodman, MD.		1334 Sulphur Spring Road	15 Feb 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 2/18/50	NAME OF CEMETERY OR CREMATORY: Govanstown Cem.	LOCATION (City, town, or county) (State): Balto. MD
DATE REC'D BY LOCAL REG.: 2/16/50	REGISTRAR'S SIGNATURE: Hsw Hedrick	24. FUNERAL DIRECTOR: J. T. Ambrose, Jr.	ADDRESS: 1828 Sulphur Spring Rd.

25495

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01279

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Florida COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tampa
STREET ADDRESS (If rural, give location) 207 S. Melville Ave.

3. NAME OF DECEASED (Type or Print): (First) MICHAEL (Middle) E. (Last) HENRY

4. DATE OF DEATH: (Month) February (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-1-94

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber Inspector

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cincinnati, Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Henry

14. MOTHER'S MAIDEN NAME: Catherine Farrell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 063-03-8744

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Hemorrhage	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 163X 47c	(b) Ulceration of Pulmonary Artery	unknown
	(c) Carcinoma of Bronchus lt. lower lobe	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction healed — unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from 2-20, 1950, to 2-24, 1950, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXX, 19XX,~~ and that death occurred at 5:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.B. Kehoe M.D. ADDRESS VAH, Ft. Howard, Md. DATE SIGNED 2-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE 2/28/50 NAME OF CEMETERY OR CREMATORY: Arlington National LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 2/27/50 REGISTRAR'S SIGNATURE Mrs. Medred

24. FUNERAL DIRECTOR ADDRESS: The Howard Blight Home, 6009 Harford Rd. Balto. Md.

Dr $80.00 Medred F Bleight Lt 6009 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11280

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3238 Ravenwood Avenue

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) VINCENT (Last) HOGAN

4. DATE OF DEATH: (Month) 2-10-50 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-27-92

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael Hogan

14. MOTHER'S MAIDEN NAME: Elizabeth Cavanaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 212102884

17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	TERMINAL PNEUMONIA	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	ARTERIOSCLEROTIC HEART DISEASE	4 months
(c)	CARDIOVASCULAR ACCIDENT	14 days
	PULMONARY EMBOLISM	5 days

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 21, 1950, to Feb. 10, 1950, ~~that I last saw the deceased alive on ..., 19...~~ and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE: H. C. MANAUGH, M. D.
(Degree or title): CHIEF, PROFESSIONAL SERVICES
ADDRESS: VAH, FORT HOWARD, MD.
DATE SIGNED: 2-10-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 2-14-50
NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG.: Feb. 13, 1950
REGISTRAR'S SIGNATURE: A. N. Hedrick

24. FUNERAL DIRECTOR: Leonard J. Ruck
ADDRESS: 5305 Harford Road Baltimore, Md.

2669

MARYLAND STATE DEPARTMENT OF HEALTH

01281

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Washington | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5226 Gwynndale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. Co.
STREET ADDRESS (If rural, give location) 5226 Gwynndale Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
GRACE	CARRIE	HOHMAN	Feb. 7, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Single	Aug. 10, 1888	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Never employed		Balto. Md.	

13. FATHER'S NAME: John J. Hohman

14. MOTHER'S MAIDEN NAME: Alice Kinstendorf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: John J. Hohman, Jr. 3202 Westwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to carbon monoxide poisoning

890.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

178A

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) (COUNTY) (STATE) 5226 Gwynndale Ave., Balto. Co., Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 2-6-50 ? p m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Inhalation of coal gas fumes-defective furnace

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.J. McClafferty, M.D., per Russell S Fisher M.D. 700 Fleet St., Balto. 2, Md. 2-7-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-10-50	Baltimore	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/8/50	A. W. Hedges	WILLIAM COOK, INC.,	1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01282

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard — LENGTH OF STAY (in this place): 7 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location): 14 S. Bond Street

3. NAME OF DECEASED (Type or Print)	(First) EDGAR	(Middle) (NMI)	(Last) HOWARD	4. DATE OF DEATH	(Month) (Day) (Year) 2-13-50 19
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 1-9-88	9. AGE last birthday: 62 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Fireman	10b. KIND OF BUSINESS OR INDUSTRY: Camp Hillabird Furnace Attendant	11. BIRTHPLACE (State or foreign country): Mississippi	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Preston Howard		14. MOTHER'S MAIDEN NAME: Eliza Johnson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I	16. SOCIAL SECURITY NO.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARDIAC HYPERTROPHY AND DILATATION	Unknown
592X Antecedent cause(s)	(b) Chronic Nephritis	Unknown
131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 6, 1950, to Feb. 13, 1950, ~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul S. Gotses, M.D.		VAH Fort Howard, Md.	2-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2-16-50	NAME OF CEMETERY OR CREMATORY: Baltimore National	LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REG.: 2/15/50	REGISTRAR'S SIGNATURE: H.W. Hedrick	24. FUNERAL DIRECTOR: Charles R. Law	ADDRESS: 802 Madison Avenue Baltimore, Maryland

Dm

44297

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

01283

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn | LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6304 Liberty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6304 Liberty Rd

3. NAME OF DECEASED (Type or Print): (First) ARTHUR (Middle) MONROE (Last) HUBBARD Jr.

4. DATE OF DEATH: (Month) Feb (Day) 20 (Year) 1950

5. SEX: male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb 2, 1907.

9. AGE last birthday: 43. yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher.

10b. KIND OF BUSINESS OR INDUSTRY: Public School

11. BIRTHPLACE (State or foreign country): South Scriba N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Monroe Hubbard Sr.

14. MOTHER'S MAIDEN NAME: Ada Welsh.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. World War #2

16. SOCIAL SECURITY NO.: 219-03-3625

17. INFORMANT: Mrs B. Evelyn Hubbard (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974 **Immediate cause** (a) Hanging (Suicide) — Interval Between Onset and Death: 1 hr.

164a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Depression — 1 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None.

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) 6304 Liberty Rd. (COUNTY) Balto City (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 20 '50. 10:40 p. m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hung himself.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples (Degree or title) Med. Exam. M. D. ADDRESS: Reisterstown, Md. DATE SIGNED: Feb 21 '50

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial | DATE THEREOF: 2/24/50 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 2-22-50 | REGISTRAR'S SIGNATURE: C. W. Helsabeck

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

V3491

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01284

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 1 Week 5 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklyn Park
HOSPITAL OR INSTITUTION OR STREET ADDRESS: House in the Pines Nursing Home	STREET ADDRESS (If rural, give location): 220 Meadow Rd - Brooklyn Park ✓

3. NAME OF DECEASED (Type or Print) (First) Christina (Middle) T. (Last) Hurley			4. DATE OF DEATH (Month) Feb (Day) 11th (Year) 1950		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 7/4/1892	9. AGE last birthday: 57 yrs.	If under 1 year: Months 7, Days 7; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Balto. Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: (Unknown) Frederick		14. MOTHER'S MAIDEN NAME: (Unknown) Rothgerber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service) —	16. SOCIAL SECURITY No. —	17. INFORMANT AND ADDRESS: 220 Meadow Rd. Nolan J. Hurley Brooklyn Park			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
443X Immediate cause	(a) Cerebral Haemorrhage	11/7/50
Antecedent cause(s)	Hypertensive C.V. Disease	?
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) arterio Sclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 12, 1942, to Feb 8, 1950, that I last saw the deceased alive on Feb 8, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Carl P Rostling	MD	1326 W Lombard St	2/13/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2/14/50	NAME OF CEMETERY OR CREMATORY: Oak Lawn	LOCATION (City, town, or county) (State): Eastern Ave Extended
DATE REC'D BY LOCAL REG.: 2/12/50	REGISTRAR'S SIGNATURE: H.W. Hedrick DM ✓	24. FUNERAL DIRECTOR: Wm Cook Inc. 1217 St. Paul St	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Expired 2/11 - 4 PM

Items 8,9: affidavit of informant filmed G124 2-23-50 LL

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01285

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaywood
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 231 Gaywood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaywood
STREET ADDRESS (If rural, give location): 231 Gaywood Rd.

3. NAME OF DECEASED (Type or Print): (First) GRACE (Middle) WANNALL (Last) JACOBER

4. DATE OF DEATH: (Month) Feb. (Day) 14, (Year) 1950

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 10, 1886 (1887)

9. AGE last birthday: 63/62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George H. Wannall

14. MOTHER'S MAIDEN NAME: Ida Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): – (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: –

17. INFORMANT AND ADDRESS: Mrs. R. Paul Cooksey 231 Gaywood Rd. 12

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	2 days
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: –

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1950, to Feb 14, 1950, that I last saw the deceased alive on Feb 14, 1950, and that death occurred at 4:15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frederick J. Vollmer		6102 York Road	Feb 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/18/50	Woodlawn Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/17/50	H. W Hedrick	WM. J. TICKNER & SONS	Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01286

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607 Aldershot Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 607 Aldershot Rd.

3. NAME OF DECEASED (Type or Print) (First) Martha (Middle) L (Last) I Keffe
4. DATE OF DEATH (Month) Feby (Day) 27 (Year) 1950

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 7-7-65
9. AGE last birthday 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. E. Ernest
14. MOTHER'S MAIDEN NAME Sarah B. Halbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Betty Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

900.0 Immediate cause (a) Acute cardiac failure

186a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hemorrhage of brain.

(c) Accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Catonsville (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 20, 1950 - 5 P m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fall down cellar steps

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural couses ☐, occident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo. W. Kieffer (Degree or title) Dep. Med. Exam. Balto. Co. ADDRESS 1010 Leadenhall DATE SIGNED 2-27-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/1/50
NAME OF CEMETERY OR CREMATORY Friend Bridge
LOCATION (City, town, or county) Balto City (State) Md

DATE REC'D BY LOCAL REG. 3-1-50
REGISTRAR'S SIGNATURE V. E. Harry
24. FUNERAL DIRECTOR MacMabb & Son ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 3 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01287

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland. LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Freeland.
STREET ADDRESS (If rural, give location) None.

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Vincent (Last) Keller.

4. DATE OF DEATH (Month) (Day) (Year) February 13, 1950

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married. | 8. DATE OF BIRTH November 30, 1890 | 9. AGE last birthday 59 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Track Foreman | 10b. KIND OF BUSINESS OR INDUSTRY Pa. Railroad. | 11. BIRTHPLACE (State or foreign country) York Co., Penna. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Keller | 14. MOTHER'S MAIDEN NAME Rose Shuppert.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. (If yes, give war or dates of service) World War I | 16. SOCIAL SECURITY NO. 716-12-3279. | 17. INFORMANT Mrs. Hilda Keller, Freeland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute Gastritis

(c)

420.1

94a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1950, to 2/13, 1950, that I last saw the deceased alive on 2/13, 1950, and that death occurred at 3.30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James L Yagle | ADDRESS New Freedom Pa | DATE SIGNED 2/14-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Febr. 16, 1950 | NAME OF CEMETERY OR CREMATORY St. John's R.C. Cemetery | LOCATION (City, town, or county) (State) New Freedom, Penna.

DATE REC'D BY LOCAL REG. Feb 15/50 | REGISTRAR'S SIGNATURE Charles L Sutton | 24. FUNERAL DIRECTOR J. Jacob Hartenstein, New Freedom, Pa | ADDRESS

98847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 21 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01288

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) F (Last) Kratz

4. DATE OF DEATH (Month) 2 (Day) 1 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH Aug 10-1870

9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Germany.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs. Fred Stein.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

153X Immediate cause (a) metastatic carcinoma

46e Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of bowel

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1949, to present, 19....., that I last saw the deceased alive on 3 Feb, 1950, and that death occurred at 7 50 A m., from the causes and on the date stated above.

SIGNATURE Joseph Lamen (Degree or title) MD ADDRESS 30 Chardelle Rd #20 DATE SIGNED 2/4/50

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF 2/6/50.

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) Frederick Rd. (State) Md.

DATE REC'D BY LOCAL REG. 2/6/50

REGISTRAR'S SIGNATURE Henry Crusse

24. FUNERAL DIRECTOR John D Connelly ADDRESS Essex, Md.

RECEIVED
FEB 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01289

Reg. Dist. No. 8C

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 13 yrs. 9 mths 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and giva nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, giva location): 511 Kingston Road ✓

3. NAME OF DECEASED (Typa or Print): (First) LOUISE (Middle) (Last) KREISLER

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 30, 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months 10 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work dona durjng most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? Germany

13. FATHER'S NAME: William Kreisler

14. MOTHER'S MAIDEN NAME: Elizabeth Schmidt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
903.7 Immediate cause	(a) Acute Cardiac failure	
186a Antecedent cause(s) Diseases or conditions, if any, giving rise to tha above cause stating the underlying causa last	(b) Cardio Vascular disease	
	(c) fracture left femur	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc) INJURY: Hospital | (CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) md

TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 1950 m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Fall on floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Ger. McKiefer MD Capt Med Balto Co. 1010 Leadenhall 2-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 2/3/50 | NAME OF CEMETERY OR CREMATORY: St. Matthews Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: February 4th 1950 | REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS | ADDRESS: Balto., Md.

52086

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

61290

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson (4) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 320 E. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4
STREET ADDRESS (If rural, give location) 320 E Joppa Road.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Wilfred (Last) La Motte.
4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1950

5. SEX Male | 6. COLOR OR RACE White. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 12-10-1890 | 9. AGE last birthday 59 yrs. | If under 1 year: Months 2, Days 8 | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chemist. | 10b. KIND OF BUSINESS OR INDUSTRY Chemical Mfg. | 11. BIRTHPLACE (State or foreign country) Maryland. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Frank J. Lamotte | 14. MOTHER'S MAIDEN NAME Mrs. Julia Gibbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary occlusion	95 minutes
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mild Coronary occlusion	5 days.
	(c)	

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February 17, 1950, to February 18, 1950, that I last saw the deceased alive on Feb. 18, 1950, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

SIGNATURE Patrick A. Phelan M.D. (Degree or title) | ADDRESS 201 W Madison St Baltimore 1, Maryland | DATE SIGNED 2/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Feb 21, 1950 | NAME OF CEMETERY OR CREMATORY Darlington Cem | LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. Feb. 20-50 | REGISTRAR'S SIGNATURE Local Reg. W. Carroll Van Kouwenhoven | 24. FUNERAL DIRECTOR H. E. Bailey | ADDRESS Darlington Md

V0643

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01291

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 21 | LENGTH OF STAY (In this place) 34 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 35 Redwood Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middleboro. Essex
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) (Last) Leiss Sr
4. DATE OF DEATH: (Month) Feb (Day) 7 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 25 1872
9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Germany.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: John C. Leiss.
14. MOTHER'S MAIDEN NAME: Catherine Vogel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Fredk Leiss Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Immediate

940a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. McCarmine (Degree or title) M.D. ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 2/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF 2-10-50 | NAME OF CEMETERY OR CREMATORY: WESTERN CEM. | LOCATION (City, town, or county) (State): Edmondson Ave Balto Md

DATE REC'D BY LOCAL REG. 2/8/50 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR: Charles S. Leiss | ADDRESS: 901 S. Courtland St Balto 24, Md

H3261

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01292

CERTIFICATE OF DEATH

FILM No. G 124 FEB 27 1950

Reg. Dist. No.....

1. PLACE OF DEATH COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 N. Marlyn Ave

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 106 N. Marlyn Ave

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) M (Last) Lewis

4. DATE OF DEATH (Month) Feb. (Day) 16 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Apr. 20-1895
9. AGE last birthday 54 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Const Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY Own
11. BIRTHPLACE (State or foreign country) Balto, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles W. Lewis
14. MOTHER'S MAIDEN NAME Annie Barker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Marie Lewis (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia (Terminal) (2/28/50-as)	2 days
200.1 Antecedent cause(s)		
55e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lympho-Sarcoma (Generalized)	18 Months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1948
19b. MAJOR FINDINGS OF OPERATION Lympho-Sarcoma
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Feb 16, 1950, that I last saw the deceased alive on Feb 16, 1950, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE M. A. Jacobs (Degree or title) M.D. ADDRESS 617 North Pt Rd. DATE SIGNED Feb 17-1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE Feb. 20-1950 NAME OF CEMETERY OR CREMATORY Parkwood Cem. LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 2/17/50 REGISTRAR'S SIGNATURE H.W. Hedrick Dm
24. FUNERAL DIRECTOR John B. Connelly - 418 Eastern Ave ADDRESS Balto 21 Md

984-V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01293

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton — LENGTH OF STAY (in this place): 1 yr.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fullerton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 100 Linhigh Ave.	STREET ADDRESS (If rural, give location): 100 Linhigh Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) LEYSHON (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 5. (Year) 1950 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 5, 1856

9. AGE last birthday: 93 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Est. Roland Park Co. Ret. 6. yrs

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Reese Leyshon

14. MOTHER'S MAIDEN NAME: Elizabeth Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-18-2714

17. INFORMANT: Mr. Calvin H. Vogel. 100 Linhigh Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	1 wk.
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis (chronic)	5 yr.
	(c) Arteriosclerosis	10 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1944, to Feb. 5, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 12 05 P.m., from the causes and on the date stated above.

SIGNATURE: David H. Andrew (Degree or title) M.D. — ADDRESS: 2 Kinship Rd Kendall Md — DATE SIGNED: 2/6/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 9, 1950 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 2-7-50 — REGISTRAR'S SIGNATURE: L

24. FUNERAL DIRECTOR: HENRY SANDER & SONS. INC. — ADDRESS: Baltimore Md.

27681

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

11/14

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01294

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hebbville
LENGTH OF STAY (in this place): 70 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2406 Rolling Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 7
STREET ADDRESS (If rural give location): 2406 Rolling Road

3. NAME OF DECEASED (Type or Print): (First) Augusta (Middle) mmi (Last) Liebno

4. DATE OF DEATH: (Month) February (Day) 25 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: May 12, 1872

9. AGE last birthday: 77 yrs. — If under 1 year: Months — If under 24 hrs.: Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Woodstown Salem Co. N.J.

12. CITIZEN OF WHAT COUNTRY?: U.S.a.

13. FATHER'S NAME: Frederick Ehrhardt Ehardt

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Clarence Liebno, 2406 Rolling Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic heart disease — 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Toxic adenoma thyroid

252.1
631

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1949, to 25 Feb., 1950, that I last saw the deceased alive on 24 Feb., 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: Charles F. Williams — (Degree or title) M. D. — ADDRESS: Pikesville 8, Md. — DATE SIGNED: 25 Feb. 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Feb. 28, 1950

NAME OF CEMETERY OR CREMATORY: Mt. Olive Cemetery

LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG.: 2/27/50

REGISTRAR'S SIGNATURE: R W Hedrick DM

24. FUNERAL DIRECTOR: Willis Lawrence

ADDRESS: 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01295

Reg. Dist. No. 38

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: West Joppa Road
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)
Street No.: West Joppa Road
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Lillian Linthicum

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Widow

6.(b) Name of husband or wife: late Dr. George Milton Linthicum
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): May 23, 1871

8. AGE: Years	Months	Days	If less than one day
78	8	11	..... hrs. ..... min.

9. Birthplace: Mass. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Philip C. Howland
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Mrs. Lillian Dinning
Address: West Joppa Rd. Towson, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 6/50 (month) (day) (year)
Cemetery or crematory: Druid Ridge Cemetery
Location: Pikesville, Md.

18. Funeral director: Harry H. Nitzke
Address: 4101 Edmondson Ave.

19. 2/6 1950 (Date rec'd by registrar) A. W. Helmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4/50 19..., at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1950, to Feb 4 1950 and that I last saw her alive on Feb 4 1950

Immediate cause of death: Carcinoma of large Intestine - with resultant Intestinal Obstruction — DURATION ?
Due to: Carcinoma of large Intestine
Due to:
Other conditions: 153X 46e (Include pregnancy within 3 months of death)
Major findings of operations: ..... Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Laurence C. Post M.D. M. D. or other
Address: 6805 York Rd Date signed: 2-5-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

M

I

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01296

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: BALTIMORE COUNTY 214 OVERBROOK RD. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE, MD
LENGTH OF STAY (in this place) 1 1/2
HOSPITAL OR INSTITUTION OR STREET ADDRESS 214 OVERBROOK RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 214 OVERBROOK RD.

3. NAME OF DECEASED (Type or Print) (First) PETER (Middle) NORMAN (Last) LIPKO

4. DATE OF DEATH (Month) FEB. (Day) 22 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE

8. DATE OF BIRTH AUG. 20, 1941

9. AGE last birthday 8 1/2 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) BALTO, MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME PETER LIPKO

14. MOTHER'S MAIDEN NAME CAROLINE V. EVANS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT PETER LIPKO

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH ~~about 5 yrs~~

Immediate cause (a) Hydrocephalus (Increased cerebral pressure)

752x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hydrocephalus (Congenital)

157a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944, 19....., to Feb. 22, 1950, that I last saw the deceased alive on March 31, 1949, and that death occurred at 9 30 P.m., from the causes and on the date stated above.

SIGNATURE A. Allan Sauer M.D. (Degree or title) ADDRESS 1134 E. Belvedere Ave. 24 Feb. DATE SIGNED

Walter S. Hewlett MD 2220 Garrison Blvd. Baltimore, Md. Rollin C. Hudson M.D. Towson Md. D.M.E. 2/24/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF FEB. 25, 1950

NAME OF CEMETERY OR CREMATORY PARKWOOD CEM.

LOCATION (City, town, or county) BALTO. MD. (State)

DATE REC'D BY LOCAL REG. Feb. 24-50

REGISTRAR'S SIGNATURE W. Carroll Van Horn Local Dept.

24. FUNERAL DIRECTOR H. W. Jenkins & Sons Co. ADDRESS 4905 York Rd. (12)

I saw the child within an hour after death. It was a typical congenital hydrocephalic with the head enlarged to 3-4 times normal size. There was also a spinal bifida. There was no evidence of any foul play that I could see

A. Allan Spier, M.D.

Case checked and Ok

2/23/1950 Robin C. Hudson M.R., D.M.E.

RECEIVED
FEB 28 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01297

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Baltimore

City or town Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Baltimore

City or town Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sister Mary Paredes Madler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 29, 1860

8. AGE: Years	Months	Days	If less than one day
90	–	8	hrs. min.

9. Birthplace Rochester N.Y.
(Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name Philip Madler
13. Birthplace Germany

MOTHER
14. Maiden name Benigna Lampbert
15. Birthplace Fritzler, Germany

16. Informant Sr. Mary Clara

Address Notch Cliff, Md.

17. Burial Date thereof Feby 9/50
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Notch Cliff

Location Glen Arm

18. Funeral director Geo M. Fink & Son

Address 811 N Wolfe St

19. 1/8/50 19 [signature] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 7 1950, at 10.10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 11 1935, to Feb. 7 1950 and that I last saw her alive on Feb. 1 1950

Immediate cause of death	DURATION
Myocardial decompensation	3 weeks
Due to	
Due to	
Other conditions Arteriosclerosis and hypertension	

443 x
93d
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M.D.
M. D. or other

Address Date signed

V 3491

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01298
Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville-8
MARYLAND
LENGTH OF STAY (In this place): 33 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hood Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville-8
STREET ADDRESS (If rural, give location): Hood Avenue

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Vann (Last) Martindale

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Mch 11 1880

9. AGE last birthday: 69 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of wnrk done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Thomasville, Ga.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dan MacIntyre Vann

14. MOTHER'S MAIDEN NAME: Betty Wooten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Milford Rd., Pikesville, Md. Elizabeth Martindale (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Arteriosclerotic C.-V. Disease — 5 yrs.

934 **Antecedent cause(s)** Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contrihuting tn the death but not related to the disease or condition causing death. Hemiplegia — 5 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. Natural

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Nnt while at work ☒

HOW DID INJURY OCCUR? Died from natural causes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: D.D. Caples (Degree or title): Medical Examiner M.D. ADDRESS: Reisterstown, Maryland DATE SIGNED: Feb. 2, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 1/4/50
NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem.
LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 2-3-50
REGISTRAR'S SIGNATURE: <

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS, ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01299

Reg. Dist. No. 17

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL) and OR give nearest town) TOWN Cockeysville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Warren Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville (Rural)
STREET ADDRESS (If rural, give location) Warren Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis	Ellsworth	Merryman	2	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
M	W	married	7-5-65	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Walter C. Merryman, Cockeysville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Nephritis (Coma)	2 yrs.
Antecedent cause(s)	(b) Myocarditis -	2 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Senility -	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1-15-, 1949 to 2-21, 1950, that I last saw the deceased alive on 2-21, 1950, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wilmer B. Emory M.D	Cockeysville Md.	2/21/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-23-50	Poplar Grove	Cockeysville Balto Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/21/50	Wilmer B. Emory M.D.	Gordon M Brooks	Sparks, Md.

32699

RECEIVED
FEB 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

013110

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Butler
STREET ADDRESS (If rural, give location): Dover Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Elizabeth (Last) Merryman

4. DATE OF DEATH: (Month) Feb. (Day) 1 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~

8. DATE OF BIRTH: Nov. 9 1872

9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Adam A Croft

14. MOTHER'S MAIDEN NAME: Barbara Ellen Boose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Quentin Derr, New Windsor, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X **Immediate cause** (a) Hypertensive - arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: 5+ years

930 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Incisional hernia, abdominal, phlebothrombosis 5 yrs - 1 wk.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 14, 1950, to Feb 1, 1950, that I last saw the deceased alive on Jan 29, 1950, and that death occurred at 2:20 P m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill — (Degree or title): M.D. — ADDRESS: Cockeysville, Md. — DATE SIGNED: Feb. 1, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 3 1950 — NAME OF CEMETERY OR CREMATORY: Black Rock — LOCATION (City, town, or county) (State): Butler, Balto Co. Md

DATE REC'D BY LOCAL REG.: 2-4-50 — REGISTRAR'S SIGNATURE: V Eva Harry

24. FUNERAL DIRECTOR — ADDRESS: Landon M. Brooks, Sparks, Md

RECEIVED
FEB 6 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01301

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Katherine Robb Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Jennie; (Middle) Harryman; (Last) Mettam
4. DATE OF DEATH: (Month) Feb. (Day) 20, (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Sept. 1, 1860
9. AGE last birthday: 89 yrs. If under 1 year: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Baltimore County, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Amos Harryman
14. MOTHER'S MAIDEN NAME: Anne Harding

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.: -----
17. INFORMANT: Mrs. Dorthy Hohman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerosis — ?

450.0 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — ?

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from many yrs., 19....., to Feb. 20, 1950, that I last saw the deceased alive on Feb. 17, 1950, and that death occurred at 9:45 P.m., from the causes and on the date stated above.

SIGNATURE Dr E E Nichols (Degree or title) ADDRESS Pikesville-8, Md. DATE SIGNED 2/21/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 2 - 24 - 50
NAME OF CEMETERY OR CREMATORY: Druid Ridge
LOCATION (City, town, or county) (State): Pikesville, Balto. Co., Md.

DATE REC'D BY LOCAL REG. 2/21/50
REGISTRAR'S SIGNATURE Dr E E Nichols
24. FUNERAL DIRECTOR: E. Willis Lamoreau, 4510 Liberty Hts. Ave. ADDRESS Balto. Md.

X 1479

BUREAU
FEB 28 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01302

Reg. Dist. No. 30

1. PLACE OF DEATH:
County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
19 Overbrook Rd
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Baltimore
City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 19 Overbrook Rd
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Louisa C. Michael

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	W.	Married

6.(b) Name of husband or wife: Charles H. Michael
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 4, 1881

8. AGE: Years	Months	Days	If less than one day
69	1	20	..... hrs. ..... min.

9. Birthplace: England (Town, county, and state)
10. Usual occupation: H. W.
11. Industry or business: Own Home

FATHER
12. Name: Karl Losch
13. Birthplace: Unknown

MOTHER
14. Maiden name: Heinrika Hoffman
15. Birthplace: Unknown

16. Informant: Mr. Charles H. Michael
Address: 19 Overbrook Rd. Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 27/50 (month) (day) (year)
Cemetery or crematory: Loudon Park
Location: 3801 Frederick Rd. Baltimore, 29, Md.

18. Funeral director: Harry E. Leitzke
Address: 4101 Edmondson Ave.

19. 2-28 1950 (Date rec'd by registrar) V.E. Harry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 24/50 19..... at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/1 1950 to 2/24 1950 and that I last saw h.. alive on 2/24 1950

Immediate cause of death	DURATION
Atrophic Cirrhosis of Liver & Jaundice	14 days
Due to	
Due to	
Other conditions: Gout	1947
581.0	
124.6	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Chas A Cahn M.D.
Address: 2145 W Balto St M. D. or other
Date signed: 2/25-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01303

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown | LENGTH OF STAY (in this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) RACHEL (Middle) E (Last) MILLER

4. DATE OF DEATH: (Month) Feb (Day) 26 (Year) 1950

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: Mar 17-1880 | 9. AGE last birthday: 69 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: James L. Naylor | 14. MOTHER'S MAIDEN NAME: Margaret Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT: Mrs. Frieda Hoffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of liver — 6 mo.

156.1 46f Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ~~None~~ Diabetes — 1 yr.

19a. DATE OF OPERATION: Jan 9 '50. | 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Liver | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none | (CITY OR TOWN): none. | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 1-20, 1950, to 2-26, 1950, that I last saw the deceased alive on 2-24, 1950, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE: D.D. Eagles | (Degree or title): M.D. | ADDRESS: Reisterstown | DATE SIGNED: 2-27-'50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 3-1-1950 | NAME OF CEMETERY OR CREMATORY: Mt Zion | LOCATION (City, town, or county) (State): Balto Co Md

DATE REC'D BY LOCAL REG. 2-28-50 | REGISTRAR'S SIGNATURE: Mary B. Eline. | 24. FUNERAL DIRECTOR: Edw. Tipton — Hampstead Md | ADDRESS

VS. A15

RECEIVED
MAR 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

61304

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (in this place): 24 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3rd Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): 3rd Ave.

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) (Last) Morris

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 11, 1879

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Baltimore City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Adam Dressel

14. MOTHER'S MAIDEN NAME: Marie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles H. Morris

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 94a

Immediate cause (a): Coronary artery Disease — Interval Between Onset and Death: 1 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None. — (CITY OR TOWN): None. — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None, m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from 8-28, 1937, to 2-18, 1950, that I last saw the deceased alive on 2-18, 1950, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples M D — (Degree or title) — ADDRESS: Reisterstown, Md. — DATE SIGNED: 2-20-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 22, 1950 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 3-20-50 — REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR — ADDRESS: J. F. Eline & Sons, Reisterstown, Md.

VS. A15

RECEIVED
FEB 28 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01305

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH· COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place) 20	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
HOSPITAL OR INSTITUTION OR STREET ADDRESS 301 Riverside Road	STREET ADDRESS (If rural, give location) 301 Riverside Road

3. NAME OF DECEASED (Type or Print)	(First) MARIE	(Middle)	(Last) MRAZ	4. DATE OF DEATH	(Month) Feb. 25, (Day) 1950 (Year) 19
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH June 26, 1865	9. AGE last birthday ~~83~~ 84 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Czechoslovakia	12. CITIZEN OF WHAT COUNTRY? Czechoslovakia		
13. FATHER'S NAME Vaclav Pacak		14. MOTHER'S MAIDEN NAME unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Emma Melka, 301 Riverside Rd.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	6 days
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis	unknown
93d	(c) Arterio-sclerotic Cardio vascular disease	unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Colloid Goitre — unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 1950, to 2/25, 1950, that I last saw the deceased alive on 2/24, 1950, and that death occurred at 9:15 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph Mielli	M D	422 Eastern Ave Baltimore 21, Md	2/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 3/1/50	NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	LOCATION (City, town, or county) (State) 4430 Belair Rd. Baltimore Md.
DATE REC'D BY LOCAL REG. 2/27/50	REGISTRAR'S SIGNATURE Rw. Hedrick	24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01306

Reg. Dist. No. 4C

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard
LENGTH OF STAY (In this place) 15 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 18
STREET ADDRESS (If rural, give location) 2623 Greenmount Avenue

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) L. (Last) MYERS (Also Meyers)

4. DATE OF DEATH (Month) (Day) (Year) February 5, 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 2-17-92

9. AGE last birthday 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Carroll Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Howard Myers

14. MOTHER'S MAIDEN NAME Mary Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) WW-I

16. SOCIAL SECURITY No. 213-10-0906

17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CIRRHOSIS OF LIVER — Interval between Onset and Death: Unknown

581.0

Antecedent cause(s)

124 b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-21-, 1950, to 2-5-, 1950, that I last saw the deceased alive on 10, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

VA

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W.C. Manaugh
H.C. MANAUGH, Acting Mgr. VAH, Ft. Howard, Md. 2-6-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE Feb. 8, 1950

NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/7/50

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm. J. Tickner,

ADDRESS Balto., Md.

60249

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01307

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 3320 Washington Blvd

3. NAME OF DECEASED (Type or Print): (First) LUCY (Middle) E. (Last) NORRIS
4. DATE OF DEATH: (Month) (Day) (Year) Feb. 10, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Nov. 16, 1861
9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Denton Quinby
14. MOTHER'S MAIDEN NAME: Mary (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Eva Norris, 3320 Washington Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, (Bronchial)	6 days
422 / Antecedent cause(s)	(b) Arteriosclerotic Cardiovascular Disease	20 yrs
938 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile Cerebral Degeneration — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 17, 1946, to Feb 9, 1950, that I last saw the deceased alive on Feb 9, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE: C. Arthur Rossberg (Degree or title: M.D.) ADDRESS: 2411 Washington Blvd Balto-30 DATE SIGNED: 2/10/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 2/13/50
NAME OF CEMETERY OR CREMATORY: Green Mount
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: February 11 1950
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: William Cook, Inc., ADDRESS: 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01308

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Fort Howard, Balto. Co. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 281
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: N.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Roper Rt. #1 Bx. 297
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILBERT (Middle) NORMAN (Last)

4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-10-22

9. AGE last birthday: 27 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unemployed

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Roper, N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ellwood Norman

14. MOTHER'S MAIDEN NAME: EllenHedgehoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: 239-22-4989

17. INFORMANT AND ADDRESS: Clinical Records VAH Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary tuberculosis — Interval Between Onset and Death: Unknown

002 Antecedent cause(s)

13 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 5-19-49, 19..., to 2-24-50, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 11 P.M. m., from the causes and on the date stated above.

SIGNATURE: Milton Ginsberg (Degree or title) M.D. ADDRESS: MILTON GINSBERG, M.D. DATE SIGNED: 2/26/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE: 3/3/50 | NAME OF CEMETERY OR CREMATORY: | LOCATION (City, town, or county) (State): Plymouth, North Carolina

DATE REC'D BY LOCAL REG.: 2/27/50 | REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR AND ADDRESS: THE CHARLES R. LAW MORTUARY
802-04 MADISON AVENUE
BALTIMORE 1, MD.

Evidence for change of date of birth shown on Film G124 3/2/50 dm. Army Discharge.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01309

Reg. Dist. No. 44

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard — LENGTH OF STAY (in this place) 2 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (22)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location) 6905 Homeway Avenue

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle)	(Last) NOWOWEISKI	4. DATE OF DEATH	(Month) February (Day) 2, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 7-22-~~89~~ 1898	9. AGE last birthday 51 ~~60~~ yrs.	If under 1 year Months 6 Days 10 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Helper in Grocery Store	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Izbua, Russia	12. CITIZEN OF WHAT COUNTRY? ?	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If year, give war or dates of service) WW-I	16. SOCIAL SECURITY No. Unknown	17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobular pneumonia	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic pyelonephritis, rt. kidney Amyotrophic sclerosis	Unknown 4 Yrs.

491X

82

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes XX No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from January 31 1950, to Feb. 2, 1950, ~~that I last saw the deceased alive on~~ ~~19~~ ~~and that~~ death occurred at 7:00 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D.	Chief Pro. Ser.	VAH, Ft. Howard, Md.	2-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 2/6/50	NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery	LOCATION (City, town, or county) (State) Baltimore, Md.
DATE REC'D BY LOCAL REG. 2-3-50	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR John D Connelly	ADDRESS Essex, Md.

43261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01310

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring — LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boring
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) HARRY — (Middle) C — (Last) OSBORN

4. DATE OF DEATH: (Month) Feb (Day) 18 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 25-1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, Ret.

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: John D Osborn

14. MOTHER'S MAIDEN NAME: Elizabeth J Akehurst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO. —

17. INFORMANT: Mrs Hatty C Osborn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

162X **Immediate cause** (a) Primary Carcinoma Lung — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

472 (b) Hypertensive Cardio Renal Disease — years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1946 to Feb. 18, 1950, that I last saw the deceased alive on Feb 16, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fred C Bush MD — ADDRESS Hampstead Md — DATE SIGNED 2-19-50.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-20-50 — NAME OF CEMETERY OR CREMATORY Pleasant View — LOCATION (City, town, or county) Balto Co — (State) Md

DATE REC'D BY LOCAL REG. 2-19-50 — REGISTRAR'S SIGNATURE Mary B. Shive.

24. FUNERAL DIRECTOR — ADDRESS Edw Tipton, Hampstead Md

0000

RECEIVED
FEB 23 1950
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01311

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
LENGTH OF STAY (In this place): 4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Reisterstown
STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) T. (Last) Parks

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 30, 1876

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Charles Hoover

14. MOTHER'S MAIDEN NAME: Mary Good

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Susie Horner (sister)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.2 Immediate cause	(a) Angina Pectoris	2 mo.
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive C-V. Disease — 1½ yrs.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION: None. — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None.

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?: None.

22. I hereby certify that I attended the deceased from 11-11, 1949, to 2-4, 1950, that I last saw the deceased alive on Jan. 24, 1950, and that death occurred at 3 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D. D. Caples, M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 2-5-'50.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Feb. 7, 1950 — NAME OF CEMETERY OR CREMATORY: Jessops Cemetery — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG.: 2-6-50 — REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR — ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
FEB 10 1950
BUREAU V. S.

01312

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: none
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (in this place): 10 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harlem Lodge	STREET ADDRESS (If rural give location): 3410 Callaway Ave. ✓

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Jane (Last) Paul				4. DATE OF DEATH (Month) Feb. (Day) 3 (Year) 1950		
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH: 7 - 18 - 88	9. AGE last birthday: 61 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME: Henry H. Meeks			14. MOTHER'S MAIDEN NAME: Mary Korber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT: Edward H. ~~Meeks~~ PAUL 3410 Callaway Ave., Balto.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

350 X Immediate cause (a) Cardiac failure — few days

87c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paralysis Agitans — 12 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1946, to 2/2, 1950, that I last saw the deceased alive on 2/2, 1950, and that death occurred at 8:00 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. Williamson Jr. M.D. — ADDRESS: 3534 Edmondson Ave., Balto. — DATE SIGNED: 2 - 4 - 50

23. BURIAL, CREMATION REMOVAL (Specify): burial	DATE THEREOF: 2 - 4 - 50	NAME OF CEMETERY OR CREMATORY: Druid Ridge	LOCATION (City, town, or county) (State): Pikesville, Md.
DATE REC'D BY LOCAL REG.: February 4th. 1950	REGISTRAR'S SIGNATURE: R.W.	24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. - 1900 Eutaw Place	ADDRESS: Mahlon B. Mitchell

Sat., 10-12 A.M. Dr. Williamson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

01313

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Thackery Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 307 Thackery Rd

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) W. Phillips (Last)
4. DATE OF DEATH (Month) Feb. (Day) 7/50 (Year) 19

5. SEX Female
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Nov. 18, 1901
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY Taylor Newcome Lumber
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME A. Sollers Wilson
14. MOTHER'S MAIDEN NAME Lula R. Nichols

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212 22 7540
17. INFORMANT (son) Mr. Bertram W. Phillips, 908 Victory Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) asphyxiation

972x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gas from kitchen stove

163H

(c) suicide

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home
(CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) Feb (Day) 7 (Year) 1950 (Hour) 11-30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Gas from kitchen stove found on floor

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo. Sw. Kieffer Mp Dep Med Exam Balto
ADDRESS 1010 Leeds Ave
DATE SIGNED 28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb. 10/50
NAME OF CEMETERY OR CREMATORY Loudon Pk. 3801 Frederick Rd.
LOCATION (City, town, or county) Baltimore, 29, Md. (State)

DATE REC'D BY LOCAL REG. 2-9-50
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Harry H. Nitzke
ADDRESS 4101 Edmondson Ave

210-19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

715 Frederick Road

CERTIFICATE OF DEATH

Registered No. 30

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Walter L. Pohlhaus

2. DATE OF DEATH: Feb. 16, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 736 Edmondson Ave.
c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Maryland
B. COUNTY: Baltimore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Catonsville
D. STREET ADDRESS (If rural, give location): 736 Edmondson Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	Feb. 10, 1913	37		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store Clerk
10B. KIND OF BUSINESS OR INDUSTRY: Shipyard
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Bernard B. Pohlhaus
14. MOTHER'S MAIDEN NAME: Sadie L. Lafferty
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Margaretta Pohlhaus, ADDRESS: 736 Edmonds

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Days.
DUE TO
(B) Degeneration Cardio Vas. Disease — 3 mon
DUE TO
(C) Generalized Cancerosa — 3 mon

422.1 938
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1, 1949, *to* Feb 16, 1950, *that I last saw the deceased alive on* Feb 16, 1950, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: James Stowell M. D.
23B. ADDRESS: Catonsville
23C. DATE SIGNED: 2-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	2-20-50	New Cathedral	Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR: 2-17-50
REGISTRAR'S SIGNATURE: V E Harris
25. FUNERAL DIRECTOR: Leonard J. Ruck ADDRESS: 5305 Harford Road 26640

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01315 38
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Burke Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 8 Burke Avenue

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Franklin (Last) Ponesmith

4. DATE OF DEATH: (Month) February (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 2, 1874

9. AGE last birthday: 75 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY: FAIR GROUNDS

11. BIRTHPLACE (State or foreign country): Mechanicsburg, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ponesmith

14. MOTHER'S MAIDEN NAME: Elizabeth Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 214-01-5012

17. INFORMANT AND ADDRESS: Mrs. Mary Ponesmith - Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 2 days

420.1

Antecedent cause(s)

131a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardio-Renal

(c) Vascular Distrose — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4, 19 50, to 2/8, 19 50, that I last saw the deceased alive on 2/8, 19 50, and that death occurred at 4:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Charles F. O'Donnell MD 7301 York Rd 2/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb. 9, 1950 — NAME OF CEMETERY OR CREMATORY: Prospect Hill Cem. — LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG. 2/9/50 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: JOHN BURNS SONS, TOWSON, MD. — ADDRESS

60290

RECEIVED
DEC 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01316

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 21 | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 B. Glennwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mister (Middle) John (Last) Rennison
4. DATE OF DEATH (Month) Feby (Day) 19 (Year) 50

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH Jan 3/1892 | 9. AGE last birthday 58 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telephone Repair | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Government | 11. BIRTHPLACE (State or foreign country) Philadelphia Pa | 12. CITIZEN OF WHAT COUNTRY Yes

13. FATHER'S NAME Christopher Rennison | 14. MOTHER'S MAIDEN NAME Anna Odenath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 185-07-0055 | 17. INFORMANT Mrs. Dorothy Rennison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201X Immediate cause (a) Coronary occlusion. | INTERVAL BETWEEN ONSET AND DEATH Immediate

44b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hodgkins Disease | about 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. McCormine M.D. (Degree or title) ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md DATE SIGNED 2/19/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial (Removal) | DATE THEREOF 2/23/50 | NAME OF CEMETERY OR CREMATORY Northwood (Phila. Pa.) | LOCATION (City, town, or county) Phila. (State) Pa

DATE REC'D BY LOCAL REG. 2/20/50 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR John G. Connelly ADDRESS Essex

450 98

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01317

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Baltimore
City or town Turner Station
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore
City or town Turner Station
(If outside city or town limits, write RURAL and give nearest town)
Street No. 11 Maryland Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: DENNY REPHOVECX

3.(b) Social Security Number 218-03-9505

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Anna Repkorwich
6.(c) If alive, give age 59 years
7. Birth date of deceased (mo., day, yr.): Unknown About 1887

8. AGE:

Years	Months	Days	If less than one day
62			hrs. min.

9. Birthplace: Watchman
(Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Russian
MOTHER 14. Maiden name Unknown
15. Birthplace Russian
16. Informant Jacob Repkorwich
Address 11 Maryland Ave
17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb - 4 - 50 (month) (day) (year)
Cemetery or crematory Oaklawn
Location Eastern Avenue
18. Funeral director J. G. Grebliauckas, Jr.
Address 1905 E. Pratt St
19. 2/3 (Date rec'd by registrar) 19 50 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH February 1 1950 at 9.15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 29th 1950 to February 1st 1950
and that I last saw him alive on February 1st 1950

Immediate cause of death	DURATION
Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions	

490.4
108
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F. E. Thomas M.D.
M. D. or other
Address Turners Sta. Md. Date signed 2/1/50

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01318

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Forge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 Dunkirk Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rodgers Forge
STREET ADDRESS (If rural, give location) 80 Dunkirk Rd

3. NAME OF DECEASED (Type or Print) (First) Frankie (Middle) I (Last) RICE

4. DATE OF DEATH (Month) February (Day) 10 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 29, 1912
9. AGE last birthday 37 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Manager
10b. KIND OF BUSINESS OR INDUSTRY Bureau Connector Inc. Detroit
11. BIRTHPLACE (State or foreign country) New Mexico
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank W De Wolf
14. MOTHER'S MAIDEN NAME Beulah Thrower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frank Lee Rice 80 Dunkirk Rd. Rogers Forge

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X Immediate cause (a) CARCINOMA OF BREAST — INTERVAL BETWEEN ONSET AND DEATH 5 1/2 yrs

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1944 1947
19b. MAJOR FINDINGS OF OPERATION Comedo tumor of right breast Carcinoma of left breast Oct 20 1949 prefrontal lobotomy
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1949, to Feb 10, 1950, that I last saw the deceased alive on Feb. 9th, 1950, and that death occurred at 11 10 A m., from the causes and on the date stated above.

SIGNATURE A. S. Chalfont (Degree or title) ADDRESS 6210 York Rd DATE SIGNED Feb 11th 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 2/13/50
NAME OF CEMETERY OR CREMATORY Charles Evans
LOCATION (City, town, or county) Reading Pa (State)

DATE REC'D BY LOCAL REG. Feb. 13, 1950
REGISTRAR'S SIGNATURE A. W. Hedrick MB.
24. FUNERAL DIRECTOR William Pohl Inc. ADDRESS 1217 St Paul St

15678

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01319

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md. | LENGTH OF STAY (in this place) 2 mths. 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) ALLEN (Last) RICHARDS

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 28, 1880

9. AGE last birthday: 69 yrs. | If under 1 year: Months 6 Days 30 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Peter Richards

14. MOTHER'S MAIDEN NAME: Mary C. Devaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute left ventricular heart failure with — Unknown

Antecedent cause(s) pulmonary embarrassment

443X 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1949, to Feb. 27, 1950, that I last saw the deceased alive on Feb. 27, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk M.D. (Degree or title) | ADDRESS Catonsville 28, Md. | DATE SIGNED 2/27/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE March 2-1950 | NAME OF CEMETERY OR CREMATORY Emmanuel Meth. Cemetery | LOCATION (City, town, or county) Horse Head (State) Md.

DATE REC'D BY LOCAL REG. Feb. 28-1950 | REGISTRAR'S SIGNATURE W. E. Harry | 24. FUNERAL DIRECTOR Simmons Bros. | ADDRESS 2007 Nichols Ave. S.E. Washington, D.C.

VS-A15

RECEIVED
MAR 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01320

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Parkton
LENGTH OF STAY (in this place) 56 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Parkton — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Parkton. Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Estelle (Last) Roberts

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: Nov. 27. 1869

9. AGE last birthday: 8.0 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Frederick Co. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas O. Lindsay

14. MOTHER'S MAIDEN NAME: Laura Cashman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 218-07-6231A

17. INFORMANT: Mrs. G. C Harn

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchio-pneumonia — 36 hrs.

433.1 Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Auricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1950, to Feb. 16, 1950, that I last saw the deceased alive on Feb 15, 1950, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE: A. M. France — (Degree or title) M.D — ADDRESS: Parkton Md. — DATE SIGNED: 2/17/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb. 18-1950 | NAME OF CEMETERY OR CREMATORY: Greenmount | LOCATION (City, town, or county): Baltimore | (State): Md

DATE REC'D BY LOCAL REG. Feb. 17, 1950 | REGISTRAR'S SIGNATURE: Mrs Howard S. Mashlin

24. FUNERAL DIRECTOR: Howard S Mashlin, white Hall, Md — ADDRESS

48609

RECEIVED
FEB 21 1950
BUREAU T. A.

Dr. Benson
I W. Overlea

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01321

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH · COUNTY: Parkville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3003 Linwood Avenue	STREET ADDRESS (If rural, give location): 3003 Linwood Avenue

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) E tta (Last) Robinson			4. DATE OF DEATH (Month) Feb. (Day) 28 (Year) 1950	
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH: Apr. 16, 1872	9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home	10b. KIND OF BUSINESS OR INDUSTRY: Own home		11. BIRTHPLACE (State or foreign country): Harford Co. Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Phillip Heck			14. MOTHER'S MAIDEN NAME: Genieve Hazelit	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT: Mr. Wm. T. Robinson, 3003 Linwood Ave.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Chronic myocarditis	1 yr
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial insufficiency	2 days
	(c) Arterio-Sclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1st 1949, to Feb 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D Edith A Benson — ADDRESS I W. Overlea — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 3-3-50	NAME OF CEMETERY OR CREMATORY: Rock Spring	LOCATION (City, town, or county) (State): Forest Hill, Maryland
DATE REC'D BY LOCAL REG.: 3/2/50	REGISTRAR'S SIGNATURE: H. C. Hedrick	24. FUNERAL DIRECTOR: Leonard J. Ruck	ADDRESS: 5305 Harford Road

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01322

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
MARYLAND
LENGTH OF STAY (in this place) 5½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 757 W. Fayette Street

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (NMI) (Last) SABYAK

4. DATE OF DEATH: (Month) February (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/10/10

9. AGE last birthday: 40 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): McKeesport, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If year, give war or dates of service): WWII

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT AND ADDRESS: Clinical Records, Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

260 X
61

Immediate cause (a) DIABETES MELLITUS — Unknown

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Feb. 7, 1950, to Feb. 8, 1950, that I last saw the deceased alive on [illegible], 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 2/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE: Feb 10 50 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Ohio

DATE REC'D BY LOCAL REG. 2/10/50 | REGISTRAR'S SIGNATURE: A.W. Hedrick

24. FUNERAL DIRECTOR: Medford J. Blight — ADDRESS: Blight Funeral Home, 6009 Harford Ave. Balto Md.

Ship To: Joe G. Vaschak Funeral Home, 40 Lincoln St., Youngstown, Ohio

01323

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Convalescent home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 602 Middle River Rd COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 16 Harrison Ave Essex 20

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Maximilian Schmidt

4. DATE OF DEATH (Month) (Day) (Year) Feb 18 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH About 1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Huckster
10b. KIND OF BUSINESS OR INDUSTRY Retail Produce Bus
11. BIRTHPLACE (State or foreign country) Balto Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Joseph Schmidt
14. MOTHER'S MAIDEN NAME Margaret Endress

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr Fred Hoffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
241X	Immediate cause	(a) Respiratory Failure	3 hours
112	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Asthmatic Bronchitis	2 months
		(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9-, 1950, to 2-18, 1950, that I last saw the deceased alive on 2-13, 1950, and that death occurred at @ 3:00 A.m., from the causes and on the date stated above.

SIGNATURE Eugene R. Shanahan MD (Degree or title) ADDRESS 1023 Eastern Ave, Balto 21, Md DATE SIGNED 18 Feb 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 2/22/50
NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary
LOCATION (City, town, or county) Balto Co. (State) Md

DATE REC'D BY LOCAL REG. 2/19/50
REGISTRAR'S SIGNATURE Henry Crusoe
24. FUNERAL DIRECTOR J J Bruzdzinski ADDRESS 1407 Eastern Ave

272-61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1950
BUREAU

11-1-49

01324

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:

County Baltimore

City or town Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Baltimore

City or town Notch Cliff near Towson
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Sister Mary Gregory Schneider

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 14, 1873

8. AGE: Years	Months	Days	If less than one day
77	—	19	hrs. min.

9. Birthplace Philadelphia Pa
(Town, county, and state)

10. Usual occupation Teacher

11. Industry or business

FATHER
12. Name Francis Schneider
13. Birthplace Westphalia

MOTHER
14. Maiden name Frances
15. Birthplace Westphalia

16. Informant Sr. Mary Clara

Address Notch Cliff, Md.

17. Burial Date thereof Feb. 6-50
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Notch Cliff

Location Glen Arm

18. Funeral director Geo M. Fink Son

Address 811 N Wolfe St.

19. 2/5/50 19 W M Hammond
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb. 3 1950, at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1940, to Feb. 3 1950 and that I last saw her alive on Sept. 28/49 19

Immediate cause of death	DURATION
Coronary Occlusion	Sudden
Due to	
Due to	
Other conditions Arterio sclerosis and hypertension unknown	

420.1
94a
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Date signed

1/3491

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 6 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01325

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 44 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2025 Powers Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 2025 Powers Ave

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) S (Last) SCHNEIDER

4. DATE OF DEATH: (Month) Feb. (Day) 8, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: 6/30/1859

9. AGE last birthday: 90 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Jewelry Retail

10b. KIND OF BUSINESS OR INDUSTRY: Jewelry Store

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: August Schneider

14. MOTHER'S MAIDEN NAME: Louise Niemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Miss Anna Schneider

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
522 Immediate cause	(a) Pulmonary edema	12 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardiac failure	1 week
111 C	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3, 1950, to 2/8, 1950, that I last saw the deceased alive on 2/8, 1950, and that death occurred at 7:25 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): E. P. Williamson M

ADDRESS: 3534 Edmondson Ave

DATE SIGNED: 2/9/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 2/11/50

NAME OF CEMETERY OR CREMATORY: Lorraine Park

LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 2-9-50

REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: Easton Sons - Catonsville ADDRESS: Md.

15676

RECEIVED
FEB 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01326

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH — COUNTY: Balto.; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklandville; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Villa Julie-Valley Rd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md.; COUNTY: Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brooklandville; STREET ADDRESS (If rural, give location): Villa Julie - Valley Rd

3. NAME OF DECEASED (Type or Print): (First) SISTER MARY CLARA (Middle) (HELEN SEBOLD) (Last)

4. DATE OF DEATH: (Month) FEB. (Day) 28 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 14, 1867

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Howard Sebold

14. MOTHER'S MAIDEN NAME: Mary Mattingly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Villa Julie Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchial Pneumonia	4 Days
Antecedent cause(s)	(b) Chr Myocarditis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

422.2

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old Age.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1947, to Feb, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harold H Burns	M.D.	529 N. Charles St	Baltimore Md. 3/1/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	3/2/50	Convent Cemetery	Ilchester, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-3-50	Dr E E Mitchell	George A Farley	Catonsville, Md.

V6894

RECEIVED
MAR 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01327

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Windsor Terrace
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5308 Overhill Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Windsor Terrace, Franklintown
STREET ADDRESS (If rural give location) 5308 Overhill Ave.,

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Jane (Last) Sedicum

4. DATE OF DEATH (Month) Feb. (Day) 15, (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Jan. 9, 1867

9. AGE last birthday 83 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Williams

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT George B. Sedicum 5508 Link Ave. (27)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis.

420.1 Antecedent cause(s)

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocardial Dis. with cardiac Hypertrophy and congestive failure

(c) Generalized arteriosclerosis with Hypertension — Chronic nephritis.

INTERVAL BETWEEN ONSET AND DEATH: 15 minutes; Several years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Feb 15, 1950, that I last saw the deceased alive on Feb 13, 1950, and that death occurred at 1130p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Michel MD ADDRESS 1015 Poplar Grove St Balto. 16 Md. DATE SIGNED Feb 16 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 2-18-50 NAME OF CEMETERY OR CREMATORY Loudon Park LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REG. 2/16/50 REGISTRAR'S SIGNATURE A.W. Hedrick Dm

24. FUNERAL DIRECTOR G. Howard Strong ADDRESS 3207 W. North Ave.,

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01328

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland. LENGTH OF STAY (in this place) 68 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Freeland.
STREET ADDRESS (If rural, give location) 4 mi. W. of Freeland.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Louella Blanche Shaffer.
4. DATE OF DEATH (Month) (Day) (Year) February 17, 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married.
8. DATE OF BIRTH October 10, 1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home.
11. BIRTHPLACE (State or foreign country) Glen Rock, Pa. R.D.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Thomas H. Diven
14. MOTHER'S MAIDEN NAME Mary Resh.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Harry E. Shaffer. - Glen Rock, Pa. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Chronic Sclerotic Myocarditis	2 years.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic Interstitial Nephritis	3 years.
(c)	General Arteriosclerosis	10 years.

442 X
131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Glaucoma — 5 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1945, to February 17, 1950, that I last saw the deceased alive on February 15, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE J. Stuart Seitz M.D. (Degree or title) ADDRESS Glen Rock, Pa DATE SIGNED 2/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Febr. 20, 1950
NAME OF CEMETERY OR CREMATORY Stiltz Cemetery
LOCATION (City, town, or county) (State) Glen Rock, Pa. R.D.

DATE REC'D BY LOCAL REG. Feb 19
REGISTRAR'S SIGNATURE Chester L. Fuller
24. FUNERAL DIRECTOR J. Jacob Hartenstein, New Freedom, Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 7 1950

Evidence for addition of #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

01329

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

FILM No. C 12 MAR 13 1950

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point 19 | LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2518 E. Marne Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Warren (Middle) Douglas (Last) Shiflett.

4. DATE OF DEATH: (Month) Feby (Day) 25 (Year) 1950

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single | 8. DATE OF BIRTH: Oct 22/49 | 9. AGE last birthday: 4 mos. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: None | 11. BIRTHPLACE (State or foreign country): Sparrows Point Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John W. Shiflett. | 14. MOTHER'S MAIDEN NAME: Mary Allen.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

491X **Immediate cause** (a) Autopsy findings pending (Until 2/26/50)

107 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Broncho pneumonia --- Malnutrition (3/13/50-- ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. M. Carmona M.D. Deputy Medical Examiner Balto Co. Dundalk 22 Md 2/25/50

23. ~~BURIAL~~, CREMATION REMOVAL (Specify) Removal | DATE THEREOF Feb. 26-5-0 | NAME OF CEMETERY OR CREMATORY Rock Cemetery | LOCATION (City, town, or county) (State) Crozet, Va.

DATE REC'D BY LOCAL REG. Feb 25--5-0 | REGISTRAR'S SIGNATURE Dawson L. Harber | 24. FUNERAL DIRECTOR ADDRESS Roland Fisher, Dundalk, Md.

1-0-0-22-9-21-5-40-x

XVX99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAR 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01330

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1334 N. Chester St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	T.	SKINNER	February	21	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	10-12-87	62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Charles County, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Skinner	Laura Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes	WW I	Unknown	Clin.Rec.Vets.Adm.Hosp. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of pancreas metastatic to kidneys	Unknown
Antecedent cause(s)	and adrenals	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

157 X
469

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I (VA) attended the deceased from 2-2, 1950, to 2-21, 1950, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 9:35 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Vincent O Carcka	M.D.	VAH. Ft. Howard, Md.	2/22/50

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2/24/50	Baltimore National	Frederick Ave	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/23/50	C. W. Hefner	Mildred J. Blight	6009 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH 01331

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Villa Nova. LENGTH OF STAY (in this place) 22yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 3610 Sussex

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) E. (Last) Small
4. DATE OF DEATH: (Month) 2 (Day) 26 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/17/1873
9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): York Co. Pa.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Ephraim Baish
14. MOTHER'S MAIDEN NAME: Emma Stough
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Jesse Small 3610 Sussex Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Primary carcinoma of liver	1 yr.
Antecedent cause(s)	(b) Generalized Arteriosclerosis	6 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic Heart Disease with Hypertension	10 yrs.

155 X 46 P 6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1939, to Feb. 24 1950, that I last saw the deceased alive on Feb. 25, 1950, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Earl L. Chambers M.D. 4108 Liberty Hts Ave. Baltimore 7 Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 3/1/50
NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
LOCATION (City, town, or county) (State): Allen Pa.

DATE REC'D BY LOCAL REG.: 2/27/50
REGISTRAR'S SIGNATURE: A.W. Hedrick
24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons ADDRESS: North & Pa. Aves

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01332

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): Approx 9 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. College
STREET ADDRESS (If rural, give location): 400 S. Allen Street

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) L. (Last) SMITH
4. DATE OF DEATH (Month) (Day) (Year): FEB. 20, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 2-12-1907
9. AGE last birthday: 43 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor (Maintenance)
10b. KIND OF BUSINESS OR INDUSTRY: State College
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Smith
14. MOTHER'S MAIDEN NAME: Clara Zech

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-2
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Severe Intravascular hemolysis — 2 Days

299 X Antecedent cause(s)

73d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from 2-19-, 1950, to 2-20-, 1950, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE W.G. Budington (Degree or title) — ADDRESS — DATE SIGNED

W.G. BUDINGTON, M. D. — VAH, Ft. Howard, Md. — 2-20-50

23. BURIAL, CREMATION REMOVAL. (Specify): Burial | DATE: 2-24-50 | NAME OF CEMETERY OR CREMATORY: All Port Cem. | LOCATION (City, town, or county) (State): All Port, Pa.

DATE REC'D BY LOCAL REG.: 2/21/50 | REGISTRAR'S SIGNATURE: R. W. Hedrick

24. FUNERAL DIRECTOR: Weidfeld Funeral Home — ADDRESS: Balto., Md.

33678

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01333

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point — LENGTH OF STAY (in this place): 24
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bet. Steel Co.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Pt. Balto 19.
STREET ADDRESS (If rural, give location): 7519 Iroquois ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Smith (Last) Sr.

4. DATE OF DEATH: (Month) Feby (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 5, 1884

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Bet. Steel Co.

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME: Mary Jane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: John Smith Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion. — Immediate

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: None | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: A. McCarmine M.D. — (Degree or title): Deputy Balto. Co. — ADDRESS: Medical Examiner Dundalk 22 Md. — DATE SIGNED: 2/2/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 6, 1950 | NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery | LOCATION (City, town, or county): Baltimore Co. | (State): Md.

DATE REC'D BY LOCAL REG.: Feb. 6-1950 | REGISTRAR'S SIGNATURE: W. M. Kelly Jr. | 24. FUNERAL DIRECTOR: Roland L. Fisher, Dundalk, Md. | ADDRESS

60229

VS. A15A

RECEIVED
FEB 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01334

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH· COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Datonsville — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Nursing Home	STREET ADDRESS (If rural, give location): 2426 Ellamont St. ✓

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) CATHERINE	(Last) SMOOT	4. DATE OF DEATH	(Month) Feb.	(Day) 2	(Year) 1950
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: Jan. 12, 1869	9. AGE last birthday: 81 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	10b. KIND OF BUSINESS OR INDUSTRY: at home	11. BIRTHPLACE (State or foreign country): La Plata, Md.	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME: John Alexander Brawner	14. MOTHER'S MAIDEN NAME: Catherine Elizabeth Briscoe						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Mr. Hungerford Smoot - 2426 Ellamont St					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X Immediate cause (a) Pulmonary edema — 2 hrs

61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Renal disease — 5 to 6 yrs

(c) Diabetes mellitus — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan, 1948, to Feb. 2, 1950, that I last saw the deceased alive on Feb 2, 1950, and that death occurred at 8:20 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel R Robinson	MD	2835 Greymistalls Pkwy	2/2/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 2/7/50	NAME OF CEMETERY OR CREMATORY: Mt. Rest Cem.	LOCATION (City, town, or county) (State): La Plata, Md.
DATE REC'D BY LOCAL REG.: 2/2/50	REGISTRAR'S SIGNATURE: A.W. Hedrick	24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS	ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01335

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 13 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Balto
STREET ADDRESS (If rural, give location): 1826 Hope St

3. NAME OF DECEASED (Type or Print): (First) Theresa (Middle) B. (Last) Snyder

4. DATE OF DEATH: (Month) 2 / (Day) 12 / (Year) 1950

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED

8. DATE OF BIRTH: 11/8/1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months 3, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress

10b. KIND OF BUSINESS OR INDUSTRY: B+O R.R.

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John J. Griffin

14. MOTHER'S MAIDEN NAME: Clara V. Sinclair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: James M. Snyder 1826 Hope St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153 X **Immediate cause** (a) Carcinoma, liver, METASTATIC — Interval Between Onset and Death: 2 months

Antecedent cause(s)

462 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma, Transverse Colon — Interval Between Onset and Death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 1948

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Trans. colon

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1949, to Feb 12, 1950, that I last saw the deceased alive on Feb 11, 1950, and that death occurred at 6 00 A m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

Stephen Lee Magness MD. Catonsville 28, Md 2-13-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 2/15/50 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 2/14/50 — REGISTRAR'S SIGNATURE: [signature] — **24. FUNERAL DIRECTOR** ADDRESS: Wm Cook Inc. 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01336

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Texas

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 yr. 25 da.

Hospital, Institution, or street address where death occurred:

Baltimore County Home

How long in hospital or institution? 16 yr. 25 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Texas

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Elizabeth Sommer

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife: George Sommer

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 8, 1863

8. AGE: Years: 87 Months: 1 Days: 15 If less than one day ..... hrs. ..... min.

9. Birthplace: Germany (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER 12. Name: Christopher Woefe

13. Birthplace: Germany

MOTHER 14. Maiden name: Annie Maria Lei

15. Birthplace: Germany

16. Informant: Baltimore County Home Registar

Address: Texas Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 24. 1950 (month) (day) (year)

Cemetery or crematory: Jessop's Methodist

Location: Sparks, Md. (London M. Bailey)

18. Funeral director: J. Scott Brooks

Address: Sparks, Md.

19. 2/23 1950 (Date rec'd by registrar) Wm. J. Shilcutt Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/23 1950, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/30 1934, to 2/23 1950 and that I last saw her alive on 2/22 1950.

	DURATION
Immediate cause of death: Chronic Nephritis (Coma)	2 yrs.
Due to: Arterio Sclerosis -	5 yrs.
Due to: Senility	
Other conditions: 450.0 131a	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Wilmer C. Ensor M.D. M. D. or other

Address: Cockeysville Md. Date signed 2/23/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
FEB 23 1950
BUREAU V. C

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01337

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fowblesburg; MARYLAND; LENGTH OF STAY (in this place) 15 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fowblesburg; STREET ADDRESS (If rural give location) Upperco P.O.

3. NAME OF DECEASED (Type or Print): (First) Charles Wesley (Middle) Sprinkel (Last)

4. DATE OF DEATH: (Month) Feb (Day) 6 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan 2 - 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months 1, Days 4, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Carroll Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Sprinkle

14. MOTHER'S MAIDEN NAME: Harriett Derr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: none

17. INFORMANT: Mira Etta Armacost

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Liver	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr Cardio-nephritis	3 yrs
	(c) Arteriosclerosis	10 yrs

156.1

46 f

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Feb, 1950, that I last saw the deceased alive on Feb 1, 1950, and that death occurred at Fowblesburg 1:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Cyril E. Fowble M.D.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb. 8, 1950 | NAME OF CEMETERY OR CREMATORY: Mt. Union | LOCATION (City, town, or county) (State): Carroll Co. Md.

DATE REC'D BY LOCAL REG.: 2-6-50 | REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
FEB 10 1950
BUREAU V. S.

01338

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg Md. LENGTH OF STAY (in this place) 26 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 106 Linhigh Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg Md.
STREET ADDRESS (If rural give location) 106 Linhigh Ave.

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) B (Last) Stanley
4. DATE OF DEATH (Month) Feb. (Day) 14 (Year) 1950
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Dec. 27, 1864
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. City Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Martin Engelbreit
14. MOTHER'S MAIDEN NAME Mary Zeller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Edgar S. Stanley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Arteriosclerosis, coronary

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hernia, ventral — lower right abdominal wall

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 8, 1950, to Feb 14, 1950, that I last saw the deceased alive on Feb 13, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE Charles V. Sincik (Degree or title) ADDRESS 4200 Parkwood Ave. DATE SIGNED 2/15/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Feb. 17, 1950 NAME OF CEMETERY OR CREMATORY Parkwood LOCATION (City, town, or county) Balto. Md. (State)
DATE REC'D BY LOCAL REG. Feb. 15, '50 REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1950
BUREAU V. A.

01339

Evidence for addition in #18 shown on:

FILM No. G 12 MAR 2 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

TB Case card in CD file.

(I)

1. PLACE OF DEATH: COUNTY Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood	LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rider Avenue	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood
	STREET ADDRESS (If rural, give location) Rider Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ANNA	LOUISE	STONER		FEB.	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Sept. 23, 1894	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob M. Wilhelm	Sarah Elizabeth Dandy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	None	Lester E. Stoner - Riderwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure - Cardiac decompensation with pulmonary edema was obvious. No history or usual signs suggested cardiac disease. (Saw this	about 2 wks
002X Antecedent cause(s)	(b) patient only once about six hours before her death.)	
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Also suspected either Pulmonary Tuberculosis or Pulmonary Neoplasm. (3-1-50 - ams)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 9, 1950, to ———, 19....., that I last saw the deceased alive on Feb 6 9, 1950, and that death occurred at about 6:00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles C. Chandler MD		1837 Northern Parkway, Baltimore 12, Md.	Feb 11, 1950

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 13, 1950	Steltz' Cemetery	Steltz, Balto. Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/10/50	M. Elwood Clayton	John Burns' Sons, Towson, Md.	

RECEIVED
FEB 17 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01340

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonum — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cinder Road	STREET ADDRESS (If rural, give location) Cinder Road

3. NAME OF DECEASED (Type or Print) (First) JACOB (Middle) ELMER (Last) STRAYER	4. DATE OF DEATH (Month) (Day) (Year) February 21, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Male	White	Married	Jan. 28, 1891	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Blacksmith	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William Henry Strayer		14. MOTHER'S MAIDEN NAME Amanda Jones	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT AND ADDRESS Mrs. Jacob E. Strayer, Timonium, Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma (Sigmoid) — 2 yrs.

153X Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION July 1949	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Sigmoid - Metastases - Generalized.	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1949, to Feb 20, 1950, that I last saw the deceased alive on Feb 20, 1950, and that death occurred at 2:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Towson - 4 - Md	2/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 23, 1950	Giesey Cemetery	Shrewsbury, Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Feb. 22-50	W. Carroll Van Horn Dep. Local	John Burns' Sons, Towson, Maryland	

Wilmer C Ensor - Rec'd - Feb 27/50

30285

RECEIVED
MAR 2 1950
BUREAU V. S.

01341

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HEBBVILLE
LENGTH OF STAY (in this place) 79 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROLLING Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HEBBVILLE
STREET ADDRESS (If rural give location) Rolling Road

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) LEWIS (Last) SUBOCK

4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 1950

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH SEPT. 24, 1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY FARMER
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHARLES SUBOCK
14. MOTHER'S MAIDEN NAME CATHERINE NEEB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Mrs. Lenilla J. Subock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CORONARY INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH 4 YEARS

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ANGINA PECTORIS.

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC 15, 1949, to FEB 27, 1950, that I last saw the deceased alive on FEB 27, 1950, and that death occurred at 7:52 P.m., from the causes and on the date stated above.

SIGNATURE Edwin T. Pierpont, M.D. (Degree or title) ADDRESS 8027 LIBERTY Rd., BALTO. 7, Md. DATE SIGNED 2/27/50 Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Year 2/50
NAME OF CEMETERY OR CREMATORY Mt Olive Cem
LOCATION (City, town, or county) Randallstown Balto Co (State) Md

DATE REC'D BY LOCAL REG. 2/28/50
REGISTRAR'S SIGNATURE H. W. Hedrick
24. FUNERAL DIRECTOR Willis Lamoreau
ADDRESS 4510 Liberty Hgts Ave.

Dm

00000

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

01342

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: Baltimore

County

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: 202 Beaumont Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 202 Beaumont Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Maude C. Suter

3. (b) Social Security Number

4. Sex: Female

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: John Suter

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): 5-22-95

8. AGE: Years: 54 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore, Md.
(Town, county, and state)

10. Usual occupation: Nurse

11. Industry or business

FATHER
12. Name: James Coale
13. Birthplace: Md.

MOTHER
14. Maiden name: Emma Coale
15. Birthplace: Md.

16. Informant: Mr. John Suter
Address: 202 Beaumont Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 7/50 (month) (day) (year)

Cemetery or crematory: Loudon Pk.

Location: 3801 Frederick Rd. Baltimore, 29, Md.

18. Funeral director: Harry H. Nitzke
Address: 4101 Edmondson Ave.

19. 2-7 50 h
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb. 4/50 19..., at 4.30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1949 19..., to 4 Feb 1950 and that I last saw her alive on 4 Feb 1950

Immediate cause of death: Carcinoma of ascending colon with metastases — DURATION: 3 yrs

Due to

Due to

Other conditions: Hypertensive, arteriosclerotic cardiovascular disease
(Include pregnancy within 3 months of death)

153X

Major findings of operations: Resection of carcinoma of ascending colon 46 e — Date of op. 8 May 1947

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: John A. Nesbitt Jr. M. D. or other

Address: 20 E. Preston St - Balt, Md — Date signed: 6 Feb 50

V3692

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 01343

1. PLACE OF DEATH — COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 Second Avenue	STREET ADDRESS (If rural, give location) 31 Second Avenue

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) H.	(Last) Tabler	4. DATE OF DEATH	(Month) Febryary (Day) 20, (Year) 1950
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1887	9. AGE last birthday 62 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter	10b. KIND OF BUSINESS OR INDUSTRY Gas & Electric Co.	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Jacob L. Tabler	14. MOTHER'S MAIDEN NAME Mary Holland				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY No. 215-01-7225	17. INFORMANT AND ADDRESS Bertha M. Tabler, 31 Second Avenue, Lansd.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332x Immediate cause (a) Cerebral Thrombosis — 5 mos.

83b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1949, to Feb 20, 1950, that I last saw the deceased alive on Feb 20, 1950, and that death occurred at 9 45 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. Arthur Rossberg M.D.	2411 Washington Blvd.	Balto-20, Md	2/21/50

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 2/23/50	NAME OF CEMETERY OR CREMATORY Meadow Ridge	LOCATION (City, town, or county) Dorsey, (State) Maryland
DATE REC'D BY LOCAL REG. 2-22-50	REGISTRAR'S SIGNATURE A. W. Hedw wh	24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul Street	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01344

Reg. Dist. No. 44

1. PLACE OF DEATH COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 54 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.	STREET ADDRESS (If rural, give location): 10 Randall Street

3. NAME OF DECEASED (Type or Print)	(First) JEROME	(Middle) A.	(Last) TARLETON	4. DATE OF DEATH	(Month) Feb. (Day) 22, (Year) 1950
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 7-5-1907	9. AGE last birthday: 42 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leading Laborer man	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Annapolis, Md.	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Joseph Tarleton		14. MOTHER'S MAIDEN NAME: Elsie Lowman			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-2	16. SOCIAL SECURITY No.: Unknown	17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypernephroma, left kidney	1 Year
180 x Antecedent cause(s)		
52a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Carcinoma to lumbar spine and right fourth rib	6 Months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that ~~I~~ VA attended the deceased from 12-30-, 1949, to 2-22-, 1950, ~~that I last saw the deceased alive on ..., 19..., and that~~ death occurred at 11:00 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh H.C. MANAUGH, M.D.		Chief Pro. Services, VAH, Ft. Howard, Md.	2-23-50

23. BURIAL, ~~CREMATION REMOVAL~~ (Specify)	DATE: 2-27-50	NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery	LOCATION (City, town, or county) (State): Annapolis, Md.
DATE REC'D BY LOCAL REG.: Feb. 24, 1950	REGISTRAR'S SIGNATURE: Dawson W. Tarler	24. FUNERAL DIRECTOR: John M. Taylor	ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01345

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md.; LENGTH OF STAY (in this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Georgetown Phila. Pa; STREET ADDRESS (If rural, give location) 136 W. Mt Airy Ave

3. NAME OF DECEASED (Type or Print): (First) Louise (Middle) Celeste (Last) Taylor

4. DATE OF DEATH: (Month) Feb (Day) 11 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Mar. 9th 1864

9. AGE last birthday: 85 yrs. 11 mos. | If under 1 year: Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Phila. Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Anthony Wagner

14. MOTHER'S MAIDEN NAME: Mary Louise Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Laura M. Schroder, Mason Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Failure	3 weeks
4500 Antecedent cause(s) 97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-16, 19 47, to Feb 11, 19 50, that I last saw the deceased alive on Feb 10, 19 50, and that death occurred at 1 Pm. m., from the causes and on the date stated above.

SIGNATURE: Walter T. Lees (Degree or title) M. D. ADDRESS: Cockeysville, Md. DATE SIGNED: Feb 11-50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 2-14-50 | NAME OF CEMETERY OR CREMATORY: Greenmount | LOCATION (City, town, or county) (State): Balto. City

DATE REC'D BY LOCAL REG.: 2-13-50 | REGISTRAR'S SIGNATURE: L. M. Schroder

24. FUNERAL DIRECTOR: Wm. Cook | ADDRESS: St. Paul & Preston St

RECEIVED
FEB 13 1950
BUREAU V. S.

Evidence for addition of birthdate and age : Phone Call from Funeral Director 2/28/50 dm.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles Street, Baltimore

01346

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
HOSPITAL OR INSTITUTION OR STREET ADDRESS 531 St. Patrick's Road	STREET ADDRESS (If rural give location) 531 St. Patrick's Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
William	Joseph	Taylor	Feb. 26, 1950 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Widowed	Dec. 11, 1863	86 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Steward	Steamship	Liverpool, England	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unk.	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No.		Mrs. Alvan Holston 531 St. Patrick's Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

181X **Immediate cause** (a) Carcinoma of urinary bladder - metastasis

526 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Extreme emaciation and cachexia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb. 1945	Carcinoma of urinary bladder	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec., 1949, to Feb., 1950, that I last saw the deceased alive on Feb. 24, 1950, and that death occurred at 7 a.m. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Harry Hess	M.D.	4218 Harford Ave. Balto. 14, Md.	2/27/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	Mar. 1, 1950		Richmond. California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/27/50	Alan W. Hedrick MD	Ullrich Funeral Home	2008 Orleans St.

232-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

#1347

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (in this place) 12 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Homeland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; STREET ADDRESS (If rural give location) 11 Homeland Ave.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E (Last) THIELE

4. DATE OF DEATH: (Month) Feb. (Day) 16th (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 10th 1899

9. AGE last birthday: 50 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): field gang leader

10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin Co.

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman P. Thiele

14. MOTHER'S MAIDEN NAME: Amelia Barr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 578-03-3117

17. INFORMANT: Mrs. Wm. E. Thiele

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Lung

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism

19a. DATE OF OPERATION: Nov. 1946

19b. MAJOR FINDINGS OF OPERATION: Pneumonectomy, Carcinoma of Lung

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to 16 Feb, 1950, that I last saw the deceased alive on 15 Feb, 1950, and that death occurred at 2:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles M. Kerr M.D. ADDRESS 815 Eastern Ave. Essex Baltimore 21, Md. DATE SIGNED 17 Feb 50

23. BURIAL, CREMATION REMOVAL (Specify): burial; DATE THEREOF: 2/20/50; NAME OF CEMETERY OR CREMATORY: Arlington National; LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG. 2/17/50; REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Lansburgh Funeral Home; ADDRESS: 7401 Belair Rd.

3638

815

MARYLAND STATE DEPARTMENT OF HEALTH

01348

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Lyons Mills Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural, give location) Lyons Mills Rd.

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) (Frank) THOMAS (Last) JONES

4. DATE OF DEATH: (Month) Feb. (Day) 15, (Year) 19 50

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 20, 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inventor

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Richard Jones

14. MOTHER'S MAIDEN NAME: Helen Imbach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): World #1

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Helen J. Alluisi 4212 Harcourt Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) (b) Cardio Vascular Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerosis & hypertension

443x

93d

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1950, to 2/16, 1950, that I last saw the deceased alive on 2/15, 1950, and that death occurred at 1 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm E. Martin M.D. Randallstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 2/18/50

NAME OF CEMETERY OR CREMATORY: Cathedral Cem.

LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 2/16/50

REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS

ADDRESS: Balto., Md.

VS. A15

V52-93

RECEIVED
JUN 1 1950
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01349

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville, Rural,
STREET ADDRESS (If rural, give location) Bosley Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) A (Last) Tracey
4. DATE OF DEATH: (Month) 2 (Day) 27 (Year) 1950

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: 1-17-1859
9. AGE last birthday: 91 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Wm. Grimm
14. MOTHER'S MAIDEN NAME: Isadore Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Minnie Wilson, Cockeysville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: 24 hrs

420.1 Antecedent cause(s)

94 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Senility -

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15, 1949 to 2-27, 1950, that I last saw the deceased alive on 2-27, 1950, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE: Hilmer C. Ensor (Degree or title) M.D. ADDRESS: Cockeysville DATE SIGNED: Md -

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-2-50 | NAME OF CEMETERY OR CREMATORY: Jessops Methodist | LOCATION (City, town, or county) (State): Sparks, Balto Co. Md.

DATE REC'D BY LOCAL REG.: 2/27/50 | REGISTRAR'S SIGNATURE: H. C. Ensor Hilmer

24. FUNERAL DIRECTOR | ADDRESS: Landon Mc Brooks, Sparks, Md.

50
91
59

1908
49
47
91

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01350

~~909~~ 52

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Rd.	STREET ADDRESS (If rural, give location) Falls Rd.

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Elizabeth (Last) Trapp

4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1950

5. SEX F. | 6. COLOR OR RACE W. | 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, ~~(Specify)~~ | 8. DATE OF BIRTH May 9 1897 | 9. AGE last birthday 52 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ~~Housewife~~ Textiles | 10b. KIND OF BUSINESS OR INDUSTRY Dye Mill ~~Home~~ | 11. BIRTHPLACE (State or foreign country) Phoenix, Balto. Co., Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John F. Albright | 14. MOTHER'S MAIDEN NAME Maggie Fishpaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 214-24-0074 | 17. INFORMANT AND ADDRESS Fred. G. Trapp, Brooklandville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 24 hours.

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — unk.

94a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1949, to Feb 22, 1950, that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 9:00 A m., from the causes and on the date stated above.

SIGNATURE John A. Green (Degree or title) Jr. M.D. ADDRESS Towson 4 Md DATE SIGNED 2/24/50

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify) Burial | DATE 2-28-50 | NAME OF CEMETERY OR CREMATORY Jessops | LOCATION (City, town, or county) Sparks Md. (State)

DATE REC'D BY LOCAL REG. 2/27/50 | REGISTRAR'S SIGNATURE M. Carroll Van Horn | 24. FUNERAL DIRECTOR Sandon M. Brooks ADDRESS Sparks Md

47405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 6 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01351

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Towson - Md -
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Nov 20-1949
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Balto.
City or town: Towson
(If outside city or town limits, write RURAL and give nearest town)
Street No. 327 Dixie Drive
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: William Henry Tuke

3.(b) Social Security Number: 491-01-4153

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Alice B. Tuke
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): July 25 - 1879

8. AGE:

Years	Months	Days	If less than one day
70	6	16	hrs. min.

9. Birthplace: Chicago Ill -
(Town, county, and state)
10. Usual occupation: Special Agent
11. Industry or business: Atlas Powder Co.
FATHER 12. Name: William Frank Tuke
13. Birthplace: England -
MOTHER 14. Maiden name: Julia Haycock
15. Birthplace: Louisville - Kentucky
16. Informant: Isabel Tuke Thomas
Address: 327 Dixie Drive - Towson Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 13 - 1950 (month) (day) (year)
Cemetery or crematory: Highland Park
Location: Pittsburgh Kansas
18. Funeral director: Ellsworth Armacost
Address: 5118 Guyon Oak Ave.
19. Feb 10 19 50 (Date rec'd by registrar) A. M. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Feb 9 1950, at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 25 1950 to Feb 9 1950 and that I last saw h. A.M. alive on Feb 9 1950

Immediate cause of death	DURATION
Carcinoma of prostate	Unknown
Due to	
Due to	
Other conditions	

177 X
51b
(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Walter B. Buck M.D.
M. D. or other
Address: 18 E. Eager St. Date signed: Feb 10, 50

20017

01352

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28 — LENGTH OF STAY (in this place): 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital	STREET ADDRESS (If rural give location): 3037 72nd Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)	
Frank		Turnburke	2	14	1950	
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 8-9-1859	9. AGE last birthday: 90 yrs.	If under 1 year: Months 6, Days 5	If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): night watchman	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Washington, D. C.	12. CITIZEN OF WHAT COUNTRY? U. S.			
13. FATHER'S NAME: Frank Turnburke		14. MOTHER'S MAIDEN NAME: Mary (?)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Spring Grove Hospital Records, Catonsville				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
002x Immediate cause	(a) Pulmonary tuberculosis	Unknown
Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic nephritis	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8, 1950, to 2/14, 1950, that I last saw the deceased alive on 2/14, 1950, and that death occurred at 1:50 a.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk, M.D. (Degree or title) ADDRESS: Isadore Tuerk, M. D., Catonsville 28, Maryland DATE SIGNED: 2/14/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 2-15-50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State): Washington, D.C.
DATE REC'D BY LOCAL REG.: 2-15-50	REGISTRAR'S SIGNATURE: V.E. Harry	24. FUNERAL DIRECTOR: W. W. Chambers Co.	ADDRESS: W. A. Howard

60299

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 17 1950
BUREAU V.A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01353

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7327 Manchester Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7327 Manchester Road

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) R. (Last) Watkins

4. DATE OF DEATH (Month) Feb. (Day) 28, (Year) 1950

5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Sept. 6, 1901
9. AGE last birthday 48 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CAUGER
10b. KIND OF BUSINESS OR INDUSTRY BETH STEEL CO
11. BIRTHPLACE (State or foreign country) W. VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME CHARLES WATKINS
14. MOTHER'S MAIDEN NAME ROSA SCHOOLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT MRS. EVA M. WATKINS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Accident	2 weeks
602X Antecedent cause(s)	(b) Nephrolithiasis —	5 yrs
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION January 1950
19b. MAJOR FINDINGS OF OPERATION Nephrolithiasis - Nephrectomy -
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to Feb. 28, 1950, that I last saw the deceased alive on Feb 28, 1950, and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE J. B. Davis MD (Degree or title) ADDRESS 6800 Morris Ave - Dundalk - DATE SIGNED 3/2/50

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 3/2/50
NAME OF CEMETERY OR CREMATORY OAK LAWN CEM
LOCATION (City, town, or county) BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REG. 3/2/50
REGISTRAR'S SIGNATURE H.W. Hedrick Dep
24. FUNERAL DIRECTOR ROLAND L. FISHER ADDRESS DUNDALK, MD.

496 29

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01354

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 119 Oakdale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 119 Oakdale Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Percival	Weedon	Feb.	26	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	June 22, 1860	89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Agent	Insurance	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Weedon	Mary Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Mrs. Ruth Rose - 119 Oakdale Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDITIS, CHRONIC.	3-4 yrs
422.2 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
0				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
0			m.		

22. I hereby certify that I attended the deceased from Jan. 4, 1945 to Feb. 27, 1950, that I last saw the deceased alive on Feb. 26, 1950, and that death occurred at 12:00 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. Lloyd Johnson	MD	610 Frederick Road Catonsville, Md.	2/27/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	2-28-50	Loudon Park	Baltimore	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-27-50	V.E. Harvey	George A. Farley	Falls Ave. & Fayette St.

27480

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

RECEIVED
MAR 1 1950
U. S. PATENT OFFICE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01355

Reg. Dist. No. 37

1. PLACE OF DEATH:

County: Baltimore

City or town: Texas

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yr. 1 mo. 9 da.

Hospital, institution, or street address where death occurred:

Baltimore County Home

How long in hospital or institution? 12 yr. 1 mo. 9 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Texas

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Elizabeth Louise Weininger

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6.(b) Name of husband or wife: Joseph Weininger

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Oct. 22, 1889

8. AGE:

Years	Months	Days	If less than one day
60	3	26	..... hrs. ..... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business

FATHER

12. Name: Frederick Porsinger

13. Birthplace: Maryland

MOTHER

14. Maiden name: Mary Walton

15. Birthplace: Maryland

16. Informant: Mrs. Margaret Lachman

Address: 522 W. Potomac St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb-18-1950 (month) (day) (year)

Cemetery or crematory: Moreland Park

Location: Taylor Ave.

18. Funeral director: The Dippel Brothers

Address: 1800 East Lombard St.

19. Feb-16 1950 (Date rec'd by registrar) W. J. Lilcoat Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 2/16 1950 at 6 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/7 1938 to 2/16 1950 and that I last saw h... alive on 2/16/50 1950

Immediate cause of death	DURATION
Myocarditis	2 yrs.
Due to: Rheumatism -	5 yrs.
Due to:	
Other conditions: Crippled due to Amputation of leg - 1936. (include pregnancy within 3 months of death)	

Major findings of operations: 4232

Date of op.: 93d

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Hilmer C. Engorn M. D. (M. D. or other)

Address: Cockeysville Md. Date signed: 2/16/50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9/45-15M

RECEIVED
FEB 20 1950
BUREAU U. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 45

01356

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Frederick Wendelstedt

2. DATE OF DEATH: 2-17-50

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Essex, Md

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Shore Rd Essex, Md

C. Length of stay in Baltimore: 3 ~~Yrs.~~ Mos. ~~Days~~

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md
B. COUNTY: Balto
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex
D. STREET ADDRESS (If rural, give location): 6 Shore Rd

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower

8. DATE OF BIRTH: Dec 20, 1866

9. AGE (In years last birthday): 83 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10B. KIND OF BUSINESS OR INDUSTRY: Leather Mfg

11. BIRTHPLACE (State or foreign country): Balto. Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Wendelstedt

14. MOTHER'S MAIDEN NAME: Sarah E

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cancer of Prostate — Indefinite

DUE TO

177X ANTECEDENT CAUSES

(B) None

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

51b

(C) None

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: X

19B. MAJOR FINDINGS OF OPERATION: X

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1 *19*49 *to* 2-17 *, 19*50*, that I last saw the deceased alive on* 2-16- *, 19*50*, and that death occurred at* 6:20 *m. from the causes and on the date stated above.*

23A. SIGNATURE: Allen C. Buchanan M. D.

23B. ADDRESS: 3139 E. Baltimore St.

23C. DATE SIGNED: 2-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial

24B. DATE: 2-21-50

24C. NAME OF CEMETERY OR CREMATORY: ME Carmel

24D. LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR: 2/18/50

REGISTRAR'S SIGNATURE: Henry Amore

25. FUNERAL DIRECTOR: Howard H Hullard — ADDRESS: 2503 Edmondson Ave

49620

VS. 150

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

01357

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 LEEWAY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 12 LEE WAY

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) W (Last) HITTINGTON

4. DATE OF DEATH (Month) FEB. (Day) 12 (Year) 1950

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH MAY 11, 1895

9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME FREDERICK BARTLING

14. MOTHER'S MAIDEN NAME EMMA —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT JOHN MARTIN WHITTINGTON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	30 min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular	
93d	(c) Disease	10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W B Davis MD (Degree or title) Dep Med. Examiner ADDRESS D Medale DATE SIGNED 27 Mar 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF FEB. 15, 1950

NAME OF CEMETERY OR CREMATORY OAK LAWN CEM.

LOCATION (City, town, or county) BALTO. CO., (State) MD.

DATE REC'D BY LOCAL REG. Feb. 13-1950

REGISTRAR'S SIGNATURE William M. Kelly, Jr.

24. FUNERAL DIRECTOR ROLAND L. FISHER ADDRESS DUNDALK, MD.

RECEIV
FEB 14 1950
BUREAU V.

01358

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Balto - Stemmers Run MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stemmers Run
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex, Stemmers Run.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Wiggins

4. DATE OF DEATH (Month) Feb. (Day) 15 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH About 1880

9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Wiggins

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 217-26-2264

17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N. L. Davis MD Dept Med Examiner Dundalk-vr- 2/16/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/18/50

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 2/17/50

REGISTRAR'S SIGNATURE H. W. Hedrick DMD

24. FUNERAL DIRECTOR Chas P Towell. 2427 Edmondson Ave. ADDRESS

XVX 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

01359

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville 28 — LENGTH OF STAY (in this place): 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 104 Newbury Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 104 Newbury Ave.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) JAMES (Last) WIGTON

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 50 19

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 28/1898
9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Eng.
10b. KIND OF BUSINESS OR INDUSTRY: Manager
11. BIRTHPLACE (State or foreign country): Mondestown Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wigton
14. MOTHER'S MAIDEN NAME: Lula A. Lucas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Elizabeth N. Wigton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Myocarditis (Rt. side failure) — 48 hours

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Occlusion — 1944 1947

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1947, to Feb 7, 1950, that I last saw the deceased alive on Feb 6, 1950, and that death occurred at 4 A.m., from the causes and on the date stated above.

SIGNATURE: Wetherbee Fort — (Degree or title) — ADDRESS: 20 E. Preston St. Baltimore 2. Maryland — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 2/10/50 — NAME OF CEMETERY OR CREMATORY: Arlington Cemetery — LOCATION (City, town, or county) (State): Phila. Pa.

DATE REC'D BY LOCAL REG.: 2-9-50 — REGISTRAR'S SIGNATURE: V.E. Harry
24. FUNERAL DIRECTOR: J. MacNabb & Son — ADDRESS: Catonsville

V1693

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01360

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County Baltimore

City or town Dundalk 22
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months 1 day

Hospital, institution, or street address where death occurred: 717 New Pittsburgh Ave

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Virginia County Nottaway

City or town Wellville
(If outside city or town limits, write RURAL and give nearest town)

Street No. Route I Box 50
(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Julia Agnes Fitzgerald Williams

3.(b) Social Security Number None

4. Sex: F

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband or wife: Roper Williams (Deceased)

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): October 6, 1882

8. AGE: Years 67 | Months 4 | Days 22 | If less than one day ..... hrs. ..... min.

9. Birthplace: Lunnenburg, Va
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: William Fitzgerald
13. Birthplace: Lunnenburg, Va

MOTHER
14. Maiden name: Pattie Walker
15. Birthplace: Lunnenburg

16. Informant: Mrs. Geneva Scott
Address: 717 New Pittsburgh Ave

17. Remove (Burial, cremation, or removal. Which?) Date thereof: March 3/50 (month) (day) (year)

Cemetery or crematory .....

Location: Blackstone Va

18. Funeral director: Mrs Robt A. Elliott & Dgt
Address: 1129 N. Caroline St.

19. 3/3 1950 (Date rec'd by registrar) H.W. Hedrick Dep. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February 28, 1950, at 8:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 27, 1949, to February 28 1950 and that I last saw her alive on February 28, 1950

Immediate cause of death: Respiratory Failure — DURATION: 2 hr.

Due to: Carcinoma of Left Breast — 9 months

Due to .....

Other conditions: 170 X 50 (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: William C. Wade, M.D. M. D. or other

Address: 140 Oak Ave #22 Date signed: 2-28-50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

01361

Reg. Dist. No. 38

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Idlewyle — LENGTH OF STAY (in this place): 3 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1019 Overbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2109 W. Pratt St.

3. NAME OF DECEASED (Type or Print): (First) Susie (Middle) Viola (Last) Withers
4. DATE OF DEATH: (Month) Feb. (Day) 24 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 14, 1892
9. AGE last birthday: 57 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James E. Howard
14. MOTHER'S MAIDEN NAME: Annie R. Gibson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If year, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Vivian Green 1019 Overbrook Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Carcinoma of ~~Cecum~~ (coccum) — 6 mos

153 Antecedent cause(s)

46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): none

(c): none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/16/49
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of coccum
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/16, 1949, to 2/24, 1950 that I last saw the deceased alive on 2/24, 1950, and that death occurred at 11:00 P m., from the causes and on the date stated above.

SIGNATURE: Benjamin Miller MD (Degree or title) — ADDRESS: 2030 Wilkens ave — DATE SIGNED: 2/28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 27 1950 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county): Balto. County (State): Md.

DATE REC'D BY LOCAL REG.: 2/27/50 — REGISTRAR'S SIGNATURE: Sw Hedrick — 24. FUNERAL DIRECTOR: Geo. L. Schwab — ADDRESS: 2101 Frederick Ave. Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

01362

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale. LENGTH OF STAY (in this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8052 (Old) Philadelphia Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jacob (Middle) Jacobson (Last) Woizesko.
4. DATE OF DEATH (Month) Feby (Day) 9 (Year) 50
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Mar 20/1896
9. AGE last birthday 53 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Grocery store
11. BIRTHPLACE (State or foreign country) Russia.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jacob J. Woizesko
14. MOTHER'S MAIDEN NAME Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Anna Woizesko.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE W. McCarmine M.D. (Degree or title) Deputy Medical Examiner ADDRESS Balto. Co. Dundalk 22 Md DATE SIGNED 2/9/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Feb-13-50
NAME OF CEMETERY OR CREMATORY Holy Trinity Russian
LOCATION (City, town, or county) Elkridge (State) Md.
DATE REC'D BY LOCAL REG. 2-10-50
REGISTRAR'S SIGNATURE L
24. FUNERAL DIRECTOR J. A. Grebliancke Jr. ADDRESS 19056 Pratt St

15661

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01363

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 27 yrs. 10 mth. 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WASHINGTON, D. C.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) (Last) YARLICK

4. DATE OF DEATH: (Month) Feb. (Day) 26, (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Moses Berman

14. MOTHER'S MAIDEN NAME: Ella Samuels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records, Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	Unknown
420.0 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic heart disease	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 31, 1922, to Feb. 26, 1950, that I last saw the deceased alive on Feb. 26, 1950, and that death occurred at 7:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D. Catonsville 28, Maryland 2/27/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 3-1-50 | NAME OF CEMETERY OR CREMATORY: Washington Road | LOCATION (City, town, or county) (State): Catonsville Md

DATE REC'D BY LOCAL REG. 2-27-50 | REGISTRAR'S SIGNATURE: V. E. Harry

24. FUNERAL DIRECTOR: [illegible] | ADDRESS: [illegible]

RECEIVED
MAR 1 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01364

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (In this place) 16 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1906 WASHINGTON ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (BALTO. 22)
STREET ADDRESS (If rural, give location) 1906 WASHINGTON RD

3. NAME OF DECEASED (Type or Print): (First) WILLIAY (Middle) CYRUS (Last) YEAGER

4. DATE OF DEATH: (Month) FEB. (Day) 21 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 28 AUG. 1870

9. AGE last birthday: 79 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINER

10b. KIND OF BUSINESS OR INDUSTRY: COAL

11. BIRTHPLACE (State or foreign country): ELYSBURG (P.O.) PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM HENRY YEAGER

14. MOTHER'S MAIDEN NAME: LUCINDA EWING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: WM. H. YEAGER (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval between onset and death:

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6-, 19 50, to 2-21-, 19 50, that I last saw the deceased alive on 2-21-, 19 50, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Eugene F. Neary. M.D 7001 Morningtown Rd Dundalk Md

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 25 FEB, 1950 | NAME OF CEMETERY OR CREMATORY: ODD FELLOWS CEMETERY | LOCATION (City, town, or county) (State): CENTRALIA, PENNA

DATE REC'D BY LOCAL REG. 2-27-50 | REGISTRAR'S SIGNATURE: A.W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS: Watts Brooks Bradley, Dundalk, Md.

45402

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01365

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore County; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md.
LENGTH OF STAY (in this place) 24 yrs. 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St. Vincent's Infant Asylum
STREET ADDRESS (If rural give location) Owings Mills, Md.

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) (Last) Yengler
4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1950
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 1/1/20
9. AGE last birthday: 30 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate at Rosewood State Training School
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Aurelia Yengler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Rosewood records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Multiple Pulmonary Emboli with Infarction	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

465X
111a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congenital idiocy

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: no
(CITY OR TOWN): none (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from March 2, 1925, to February 23, 1950, that I last saw the deceased alive on February 23, 1950, and that death occurred at 9:55 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George C. Medairy
George C. Medairy, M.D., Clinical Director
ADDRESS Rosewood State Tr. School, Owings Mills, Maryland
DATE SIGNED 2/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Feb. 24 1950
NAME OF CEMETERY OR CREMATORY: Rosewood
LOCATION (City, town, or county) (State): Balto. Co
DATE REC'D BY LOCAL REG. 2-24-50
REGISTRAR'S SIGNATURE: Mary B. Eline.
24. FUNERAL DIRECTOR: J. F. Eline & Sons
ADDRESS: Reisterstown Md.

XUX99

RECEIVED
FEB 27 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01366

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 75 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3004 Oak Hill Avenue

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) JACOB (Last) YUST

4. DATE OF DEATH: (Month) February (Day) 14 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5/8/85

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Dictaphone Mchs.

11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Yust

14. MOTHER'S MAIDEN NAME: Rose Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: 216-03-6721

17. INFORMANT AND ADDRESS: Clin.Records,Vet.Adm.Hosp.Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF STOMACH WITH METASTASES TO LIVER AND PERITONEUM — Interval Between Onset and Death: Approx. 2 years

151 X

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46 b

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10/26/49

19b. MAJOR FINDINGS OF OPERATION: Exploratory laparotomy - Carcinoma of stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Dec. 1., 19 49., to Feb. 14, 19 50., ~~that I last saw the deceased~~ ~~since~~ ~~19~~ and that death occurred at 4:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 2/14/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb 17,1950 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cem. — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 2/16/50 — REGISTRAR'S SIGNATURE: R.W. Hedrick

24. FUNERAL DIRECTOR: E.Willis Lamoreau, 4510 Liberty Hgts. Ave. ADDRESS: Baltimore, Md.

29 35